V. S. No. 1

1. PLACE OF DEATH	CERTIFICATE OF DEATH 19878
1 7 0 11.1	(4)
County H. F. Co. NO.	Registration Dist. No.
Village or City Asman I Mal	No St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Enoch Adoms	
(a) Residence: No. Harman / Mary	ON I Ward
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Male Colored Married	(Month) (Oey) (Yeer)
5a. If merried, widowed, or divorced HUSBANO of	
100 SIE ADATOS	22. HEREBY CERTIFY, Thet I attended deceased from
n '/ In 1000	104, to 250 Let 1024
6. DATE OF BIRTH (month, dey, and yeer) 7 OF 1 OP 1 OP 1 OF 1 OF 1 OF 1 OF 1 OF 1	I lest saw have alive on the date stated above, at !!
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance
8. Trede, profession, or particular	were as follows:
Nind of work done, as SPINNER, Laborer	Pilling at the Tubbertal
tndustry or business in which	- James Cary Joseph Carry
work wes done, as SILK MILL, SAW MILL, BANK, etc	
a - 11 spelletti tilis	
year) spent in this occupetion occupetion	Other Contributory Causes of importance;
12. BIRTHPLACE (city or town) H. H. Co. 110	
(State or country)	
13. NAME Enoch Hoays Jr.	
14. BIRTHPLACE (city or town) Anne Arundle fo	Name of operation roll Dete of
(State of Country)	Whet test confirmed diagnosis?
15. MAIDEN NAME Martha Nilliams	23. If death was due to externet ceuses (VIOLENCE) fill in also the following:
0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT / YOU'S TOUMS.	Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) Attmin larginus	
18. BURIAL, CREMATION, OR REMOVAL PIECE WILLIAMS CENTY FILES, Date Oct. 5 1934	Menner of injury
5 610 1/ S	Nature of Injury
19. UNDERTAKER DE With Dorralasora,	24. Was disease or jajury in any wey related to occupation of deceased?
(Address) Kausel Md.	If so, specify Charles
20. FILED 4 1934 PORCOLLOS	(Signed). M. D.
Registrar.	(Address) MMMMMM Segro O. V.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MADVI AND CEPTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example 1		Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitiat nephritis	1921	Run over by street car	1 wcek ago
Cerebrat hemorrhage	July 5,1927	Peritonitis .	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE FO	R FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAN

PLACE OF DEATH CERTIFICATE OF DEATH County anne arrendel Registration Dist. No. St.: Ward) (If death occurred in a hospit i r institution, give its NAME is a mickel appleton i:umber.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH Write the word) HEREBY CERTIFY. That I attended the deceased from 6 DATE OF BIRTH (Conth) (Day) and that death occured in the date stated above, at ... fLESS than 7 AGE I day hrs. ds. or min.? (a) I rade, prefession or particular kind of work (b) General nature of industry business, or establishment in which employed (r (employer) Contributory 9 BIRTHPLACE Secondary (State or country) (Duration) 10 NAME OF FATHER ON , 25 1984 (Address) 11 BIRTHPLACE OF FATHER Z *State the Disease Causing Feath, or, in deaths from Violent Caus s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal. (State or country) REI 12 MAIDEN NAME 18 LINGTH OF RESIDENCE (For I ospitule, Institutions, Transients or Recent Residents) 13 DIRTHPLACE At place OF MOTHER .. yrs...... mos...... ds. (State or country Where was disease contracted, if not at place of death? 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE usual residence. Every It CIANS stateme 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 23 UNDERTAKER Filed /

If more beanks are needed, address State Registrar, 16 W. Suratosa St., Luito., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed laborer, Farm laborer, Laborer-Coat mine, etc. wom-en at home, who are engaged in the duties of the should be used only when needed. As examples: sary to know (a) the kind of work and also (b) the nature of the business or indüstry, and therefore an fulness of various pursuits can be known. The queswhatever, write None. business, that fact may be indicated thus; Former (reor given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesmon. additional line is provided for the latter statement; it cases, especially in industrial employments, it is necestion applies to each and every cupation is very important, so that the relative health Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a Civil engineer. Physician, Compositor, Architect, Foreman, first line will be sufficient, e g. Parmer or Planter, For many occupations a single word or term on yrs). Furm laborer, Laborer—Coal mine, etc. Wom-6) For persons who have no occupation Stationary fireman, et . Automobile factory. The person, irrespective of Locomolive engineer But in many 6 materia (irovery

Statement of Cause of Death—Name, first, the DISBASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted to time and causation), using always the same accepted term for the same dise set. E-amples: *Cerebrospinal fever* (the only definite synonym is ""Didemic cerebrospinal meningitis"); *Diphtheria avoid use of "Croup"), Typhoid fever* (never report "Typhoid Pneumonia".

Lobor pneumonia. Branchopneumonia. ("Pneumonia."

as fracture of skull, and consequences (e.g., sel.nin, tetanus) may be stated under the head of "contributory". stated unless important. Example: Measles (disease or as probably such, if impossible to determine definitely. diseases resulting from childbirth or miscarriage as tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), inges, peritonaeum, etc., carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by taken. For violent deaths state means of injuly State cause for which surgical operation was undercan be ascertained as the cause. atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," (secondary or intercurrent) affection need not be Whooping use of "Tumor" for malignant neoplasms); American Mcdical Association.) approved Examples: Accidental drowning; Struck by railway train. and qualify as ACCIDENTAL, SUICIDAL, or HOWER "Uraemia, " "Weakness," etc., when a definite disease "Inanition, unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of death (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condiinterstitial nephritis, by Committee on Nomenclature cough; " "Marasmus," "Old Age, Chronic Carcinomo, etc. volvular heart disease; The contributory Always qualify all Sarcoma,, etc., of Mensies ;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. ... the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1 N. B.—V

STATE OF	MARYI	AND-CERTIFICATE	OF DEATH
JIAIL OI	141/2/17 1 1	AIND CERTIFICATION	0

1. PLACE OF DEATH	1717 11 1		<u> </u>	880	
County Anne Arun	ndel		Registration Dist. No. 2I	******	
Village or City Armiger Length of residence in city or town where death of	occurred4		NoSt., death occurred in a hospital or institution, give its NAME instead of street and nods. How long In U.S. if of foreign birth?yrsma		
2. FULL NAME Susie B (a) Residence: No. Same	adger		St., Ward. If nonresident give city or town and	Siate	
PERSONAL AND STATISTICAL	L PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH		
female negro 0		RIFD, WIDOWED,) (write the word)	21. DATE OF DEATH October 15th (Month) (Day)	, 193 4 (Year)	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Badge 6. DATE OF BIRTH (month, day, end year)	r		22. I HEREBY CERTIFY, That I attended August 5th, 19.34, to October I last sew h er alive on October 13th, 19.38	I3 ₁₉ 34	
7. AGE Years Months about 65	Days	If LESS than 1 day,hrs. ormin.	were as follows:	Date of onset	
9. Industry or business in which	ousewi	ife	Chronic endocarditis and myo- carditis; chronic e	indefin	
SAW MILL, BANK, etc 10. Date deceased last worked et this occupation (month and year)	Sp31	ime (years) nt in this upation	Other Contributory Causes of importance:		
12. BIRTHPLACE (city or town)	zinia		Teratoma of ovary; Lenign.	3 yrs	
ដ 13. NAME unkr	nown				
13. NAME UNKT 14. BIRTHPLACE (city or town) (Stete or country)	*		Name of operation DONE		
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	1		23. If death was due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?		
17. INFORMANT Henry Ranks (Address) P. O. Pasaden	a, Md		Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	ACE.	
18. BURIAL, CREMATION, OR REMOVAL Place May typo	ate Oc	7. 17,19 3	Manner of Injury		
19. UNDERTAKER (Addiess)		1870	24. Was disease or injury in eny wey related to occupation of deceased?	no	
80. FILED. OCT. 11, 19 34 X	· Ce,	Registrar.	(Signed) Pasadena, Md.	M. D.	

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

19. UNOERTAKER

	STATE O	F MARYLAND-	CERTIFICATE OF DEATH	881	
	County Anne Arundel			1	
	Village or City Crownsvill		Registration Dist. No.		
	The state of the s	(1	NO. St., f death occurred in a hospital or institution, give its NAME instead of street and	Ward	
1	Length of residence In city or town where d	eath occurred 2 yrs 1 mo	s. 24 ds. How long in U.S. if of foreign birth?yrsm	osds.	
1:	2. FULL NAME Rachael	Blackwell			
-	(a) Residence: No. Baltimon	re City (Usual place of abode)	St., Ward. If nonresident give city or town and	Slate	
	PERSONAL AND STATISTI	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3.	SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH		
	Female Colored	Widowed	October 14 (Month) (Oay)	, 193.4 (Yaar)	
5a.	. If married, widowed, or divorced HUSBANO of				
-	(or) WIFE of Unknown		22. I HEREBY CERTIFY, That I attended Oct. 20, 19 31, to Oct. 14,		
6	DATE OF BIRTH (month, day, and year) 18	343	I last saw IEX alive on QQ t 14 19 34		
	AGE Yaars Months	Days If LESS than	to have occurred on the data stated above, at 6 P. m.		
	91 Unknow	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance		
7			were as follows: Cerebral Haemorrhage	Oata of onset	
OCCUPATION	8 Trada, profassion, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc	omestic			
IPA	9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, atc				
SC	SAW MILL, BANK, atc	11. Total tima (yaars)			
0	this occupation (month and n	spent in this occupation			
	BIRTHPLACE (city or town) Virgini		Other Contributory Causes of importance:		
IZ.	(State or country)	4.4	Arteriosclerosis	?	
ER	13. NAME Fred Blacky	well			
FATHER	14. BIRTHPLACE (city or town) Unkn(own	Name of operation Date of		
_	(Stata or country)		What test confirmed diagnosis? Was there an a	utopsy?	
MOTHER	15. MAIDEN NAME Julia Wil	lliams	23. If death was due to external causes (VIOL ENCE) fill in also tha following		
10	16. BIRTHPLACE (city or town) Unki	nown	Accident, suicida, or homicide?	, 19	
2	(State or country)		Whare did injury occur?		
17.	INFORMANT Hospital Re (Address) Crownsville		(Specify city or town, county and Stat Specify whathar injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	ACE.	
18.	BURIAL, CREMATION, OR REMOVAL	Del	Manner of injury		
	Place Welener other	Date (Nature of injury		

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

If so, specil

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BUNKAU V. B.			
Other contributory causes 566 hplatance		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
The description where the same to the same of the same			

infor-	state	UPA-	
Jo 1	plne	220	1
item	sho	Jo	1
RD. Every	IYSICIANS	statement	
RECO	Y. PH	Exact	
I UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	supplied. AGE should be stated EXACTLY. PHYSICIANS should state	in terms, so that it may be properly classified. Exact statement of OCCUPA-	
IS A PE	stated E	to instructions on book of cortificate	A BARRATA
HIS	be	be	5
NK-T	should	it may	II Dack
ING I	AGE	tions o	CHOICE
UNFAD	pplied.	terms,	THE PART OF
	S	E d	2

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PL	ACE OF DEAT	H			97)	
County Anne Arundel					Registration Dist. No.	
	lage or City Cr			(1	62 No. St., f death occurred in a hospital or institution, give its NAME instead of street and n s. 9 ds. How long in U.S. if of foreign birth?	Ward
	LL NAME					
(a)	Residence: No	Allega	ny Coun (Usual place	of abode)	St., Ward. If nonresident give city or town and	State
PI	ERSONAL AND	STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single Single					21. DATE OF DEATH October 6 (Month) (Day)	, 1934 (Year)
5a. If married, widowad, or divorcad HUSBAND of (or) WIFE of					22. 1 HEREBY CERTIFY. That I attended of Nov. 27, 19. 23 to October 6,	dacaased from
6. DATE O	F BIRTH (month, day,	and yaar)	1853		I last saw h_im_eliva on_QCt_6_6	
7. AGE	Yaars 81	Months ITn len	Days	If LESS than I day,hrs. ormin.	to have occurred on the date stated above, at 7:20 mP . M. The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:	
NOIL SE TH	8 Trada profession or particular				General Arteriosclerosis	Date of onset
kind of work dona, as SPINNER, Laborer SAWYER, BOOKKEEPER, etc. Laborer 9. Industry or business in which work was done, as SILK MILL. Unknown SAW MILL, BANK, atc. 10. Date daceasad last worked et this occupation (month and year)				ime (years) nt in this o		
	PLACE (city or town) ata or country)				Other Coatributory Causes of Importanca: Senility	?
13. NA	ME Robe	rt Bro	wn			
13. NA 14. BII	RTHPLACE (city or tow (Stata or country)	n) Unk	nown		Name of operation Date of	
15. MA	AIDEN NAME	Emma B	urnett		What test confirmed diagnosis? Was thara an at 23. If daeth was due to axtarnal causes (VIOLENCE) fill in elso tha following:	
15. MAIDEN NAME Emma Burnett 16. BIRTHPLACE (city or town) Unknown (State or country)					Accident, sulcide, or homicide? Data of injury Where did injury occur?	, 19
17. INFORMANT Hospital Records (Addrass) Crownsville, Maryland				nd	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLA	CE.
L8 BURIAL Pla	CREMATION, OR RE	moval		· 4×19	Manner of injury	
19. UNDER	TAKER Sidress)	Well	rusy he	uph	24. Was disease or injury in any way related to occupation of deceased?	
20. FILED.	10/9,19	× 2	7. 10	Registrar.	(Address of Ownsville, Maryland	M. D.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE (OF MARYLAND-	-CERTIFICATE OF DEATH 09883
1. PLACE OF DEATH	9	/A)
County ((£)	Registration Dist. No. 20
Village or City Olan	donnelle	NoSt., Wal
Length of residence in city or town where		If death occurred in a horpital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?
2. FULL NAME The Ill	- 00	Brenne
	a Caloung	
(a) Residence: No.	(Usual place of abode)	St., Ward A Soul Ville If nonresident give city or town and State
PERSONAL AND STATIST	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
5a. If merried, widowed, or divorced	Lingle.	(Month) (Dey) (Yeer)
HUSBAND of (or) WIFE of	_	22. 1 HEREBY CERTIFY. That I attended deceased from
(01) 11112 01		Det 28 1936 to Det 29 193
6. DATE OF BIRTH (month, day, end year)	8,47.1933	I lest saw h Less alive on DEL 28 1934; deeth Is se
7. AGE Yeers Months	Days If LESS than	to heve occurred on the dete steted above, at 7:30 Pm.
	2 2 1 day,hrs.	were as follows.
8. Trede, profession, or perticuler kind of work done, es SPINNER,		Date of onse
SAWYER, BODKKEEPER, etc.		- Marella Henrices Del 2
kind of work done, es SPINNER, SAWYER, BODKKEEPER, etc	e4	
SAW MILL, BANK, etc	11. Totel time (years)	
this occupation (month and yeer)	spent in this	
00	0.	Other Cautributory Causes of importance:
12. BIRTHPLACE (city or town) (Stete or country)	d a green of	-
13. NAME Planles	Bank	
	a south	
14. BIRTHPLACE (city or town) (State or country)		Neme of operation
15. MAIDEN NAME	e els s.	Whet test confirmed diegnosis? Wes there an autopsy?
	e vieny	23. If death wes due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) (Stete or country)	17 06	Accident, suicide, or homicide?
0000	0.1	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address)	0229111	Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURTAL, CREMATION, OR REMOVAL	131 -	Manage of Internal
Place Mucklon	Dete 19 19 4	Menner of injury
Charle.	19-01	
19. UNDERTAKER (Address)	Scoul W	24. Wes disease or Injury In any wey related to occupation of deceased?
m +30 34.	Marin T	If so, specify
20. FILED (199)	on layer	(Signed) M.

If more blanks are geeded, address State Registrar, 2421 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.-The month and year the deceased last worked at the occupation.

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Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
Tausiones	May 1,1923	Gastroenterius	1 1	

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1	1. PLACE OF DEATH					93-2		
	County	Anne A	runde	1		Registration Dist. No. 24		
					Hospita (II 8 yrs 11 mos	-	(and area ba	
2	. FULL NA							
				re City		St, Ward. If nonresident give city or town a	and State	
	PERSON	AL AND	STATISTI	CAL PART		MEDICAL CERTIFICATE OF DEATH		
3. S	EX Female	4. COLOR OF			RRIED, WIDOWED, D (write the word)	21. DATE OF DEATH October 22 (Month) (Day)	, 194	
5e.	If married, widow HUSBAND of (or) WIFE of	ed, or divorced				22. I HEREBY CERTIFY, That I attends	ed decaased from	
6 D	ATE OF BIRTH (month day and	(wash	1879		Oct. 29, 1915, to Oct. 22, 1934	19 04	
7. A	GE Year		Months Unkn	Days	If LESS than I day,hrs.	to have occurred on the deta stated above, at 1:30 An. It.	±; death is said	
NO	8. Trede, profes	sion, or particu	lar	ousewor	r k	ware as follows: Acute Cardiac Dilitation	Date of onset	
OCCUPATION	9. Industry or b work was SAW MILI	done, es SILK L, BANK, etc	MILL, U	nknown				
8	10. Date decaase this occup yeer)	ed last worked pation (month a	at nd Lexus	11. Total t spa 00:	ims (yeers) nt in this upation Leaf (no			
12.	BIRTHPLACE (cit (State or coun		faryla:	nd		Other Coutributory Causes of importance: Chronic Myocarditis	Wellner	
7	13. NAME	Un	lknown					
FATHER	14. BIRTHPLACE (State or		Unk	nown		Name of operation Date of What test confirmed diagnosis? Was there an autopsy?		
7	15. MAIDEN NAM	ME Unkn	nown			23. If death was due to externel causes (VIOLENCE) fill in elso the following		
MOTHER	16. BIRTHPLACE (Stete or		Unk	nown		Accident, suicide, or homicide? Date of injury	7	
17. 1	NFORMANT(Address)			Records Mary I	a nd	(Specify city or town, county and Si Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC F	tale) PLACE,	
18. I	Plece Plece	CONTOR REMOV	VAL ex Court	2 Date Oof	274 1934	Manner of injury		
19. UNDERTAKER LA Philyslef L. Jackles. (Address) 21/1/2/2 Cully the				els to	eglde's	24. Was disease or injury In any way related to decupation of deceased. If so, specify	0	
20. 1	FILED DE	, 19. 3	4	Mus	Registrar.	(Signed) Grownsville, Maryla	0/3 M.D.	

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Example I	100	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
/			

m

STATE OF MARYLAND—CERTIFICATE OF DEATH 09885

1. PL	ACE OF DEA	TH			93-02	,	
C	ountyAny	ie Arund	el		Registration Dist. No.	2/	
				te Hospij	6 death account in a hornital or institution in its NAME	t,Ward	
					s. 22 ds. How long In U.S. if of foreign birth? yrs.	mosds.	
2. FU	JLL NAME	Mary En	ma Burk	е			
	a) Residence: No.		(Usual place	of abode)	St., Ward. If nonresident give city or tow	n and State	
	ERSONAL A	ND STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEAT	ГН	
3. SEX		or or race Lack		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH October 5 (Month) (Day)	, 193_4	
HUS	rriad, widowad, or div BAND of WIFE of	rorced			22. I HEREBY CERTIFY, That I atta		
6. DATE OF BIRTH (month, day, and year) 1860					Jan. 13, 19 31 to Oct. 5, 19 3 I lest saw h.er. aliva on October 5, 19 34; death is		
7. AGE	Yaars 74	Months Unkn	Days Days	If LESS than 1 dey,hrs. ormin.	to heve occurred on the date stated above, at 12:30 mP. In the PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:		
NO	rade, profession, or a kind of work dona SAWYER, BDDKKE	particular , as SPINNER, EPER, atc	Unknow		Broncho pneumonis	Data clonset	
OCCUPATION 10.	ndustry or business I work was done, as SAW MILL, BANK,	n which SILK MILL.	Unknow	n			
0 10.0	this occupation (my yaer)	orkad at onth and CNOWN	11, Total t spa occ	ime (years) nt in this upation			
	IPLACE (city or town	Nort	h Carol	ina	Other Contributory Causes of importance: Chronic Myocanditis	Year	
13. N	AME York	Tilman			Arteriosclerosis	Year	
<u> </u>	IRTHPLACE (city or t (Stata or country)	own) North	Caroli	na	Nama of operation Date What tast confirmed diagnosis? Was there		
15. M	AIDEN NAME	Elizabe	th Roge	rs	23. If death was due to axternal causes (VIOLENCE) fill in also the foll		
15. M	IRTHPLACE (city or t (Stete or country)	own) Nort	h Carol	ine	Accidant, suicida, or homicida? Date of Injury Whara did Injury occur?	, 19	
(A		vnsville	ords , Maryl	and	(Specify city or town, county an Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLI	d State) C PLACE.	
18. BURIAL CREMATION OR DEMOVAL Place Of the Country Date 10/9-34, 19			Data 10/9	-3× ,19	Mannar of Injury		
19. UNDERTAKER TO TO IN W sulcrote Cupt (Address) waterbury nich			bur M	up L	24. Was disease or injury in any way related to occupation decaesal	6	
20, FILED.	199	198	27 /01	Registrar.	(Signed) (Addrass) Crownsville, Mary	Land M.D.	

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

E I

1. PLACE OF DEA		JE MIAK	I LAND	CERTIFICATE OF DEATH	0000
County Ann	e Arund	del.		Registration Dist. No. 23	3.
Glen Burnie Md.					
			(1	NO. St., If death occurred in a hospital or institution, give its NAME instead of street and r	number)
Length of residence in ci			F-Fipolu.	syrsyrsmo	osds.
2. FULL NAME		hapman.)	
(a) Residence: No	GLen 1	Burnie.Mo		St., Ward.	
PERSONAL AN	DETATION	(Usual place of		If nonresident give city or town and	State
	R OR RACE	5. SINGLE, MARK		MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH	
	ite.	OR DIVORCED	(aprite the word)		. 193
5a. If married, widowed, or divo		DTIE	310.	October 29.34 (Day)	(Year)
HUSBANO of (or) WIFE of		Llborn in	nfant.	22. I HEREBY CERTIFY, That I attended	deceased from
(ii) With the control of the control				10.29.34, 19, to 10.29.34.	
6. DATE OF BIRTH (month, day	, and year)	10.29	34.	I last saw halive on	• '.; death Is said
7. AGE Years	Months	Days	if LESS than	to have occurred on the date stated above, at . 1. Am.	
	Stil	Liborn.	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	1
8. Trade, profession, or pa kind of work done, SAWYER, BOOKKEE	rticular as SPINNER				Oate of onset
SAWYER, BOOKKEE 9. Industry or business in	PER, etc			Stillborn infant.	
work was done, as S SAW MILL, BANK, e	ILK MILL,				
0 10. Date deceased last wor	ked at	11. Total tin	ne (years)		
this occupation (mor	ith and	span	tin this pation		
12. BIRTIIPLACE (city or town)	Clan I	Diamai o Ma	3	Other Coutributory Causes of importance:	
(State or country)		30-1411-044	et 9		
13. NAME Tohn	Chapmar	1 -			
13. NAME John 14. BIRTHPLACE (city or to			d.	Name of operation Date of	
(State or country)	111/	221122101321		- What test confirmed diagnosis?	
15. MAIDEN NAME LOO	na Mar	tin.		23. if death was due to external causes (VIOLENCE) fill in also the following:	
15. MAIDEN NAME 100	wn Washir	ngton St	ate.	Accident, suicide, or homicide?	
≤ (State or country)				Where did injury occur?	
17. INFORMANT Mrs.		Chapman		(Specify city or town, county and State Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLA	CF
(Address) Glen Burnie, Md.					
18. BURIAL, CREMATION, OR REMOVAL				Manner of injury	
Place, 19,				Nature of injury	
19. UNOERTAKER				24. Was disease or injury in any way related to occupation of deceased? NO)
(Address)				If so, specify	
20. FILEO, 1	9			(Signed) Mu Allegander	M. O.
			Registrar.	(Address) Glen Burnie Md.	

CTATE OF MADVI AND

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Cerebral homorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

1	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	\
	F RECORD.	Y. PHYSI	Exact sta	
LARGIN RESERVED FOR BINDING	ERMANENT	EXACTL	classified.	a.
FOR B	S IS A PE	e stated I	e properly	f certificate
SERVEI	INK-THI	B should be	t it may be	on back of
RGIN RI	NFADING	plied. AG	erms, so tha	TION is very important. See instructions on back of certificate.
O	WITH U	refully sup	in plain te	tant. See
9	PLAINLY	ould be ca	OF DEATH	very impor
10.1	-WRITE	mation sh	CAUSE	TION is
V. S. No. 1	N. B.		1	000

Onunda.		
County 1	Registration Dist. No. 21	
Village or City Annapolisaneak	NoSt.,St.,St.,St.,St.,	Ward
Length of residence in city or town where deeth occurredyrsr	osds. How long in U.S. If of foreign birth?yrsmos	
2. FULL NAME Thomas Thom	iter-	
(a) Residence: No. Annul olisneck	St., Ward.	
(Usual place of abode)	If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH OF \$ 9,5	17
Mul. Colved widow	(Month) (Dey) (Yeer)
5a. If merried, widowed, or divorced HUSBAND of	22. 1 HEREBY CERTIFY. Thet I attended decea	
(or) WIFE of Turriett Coales	22. Set 1 HEREBY CERTIFY. Thet I attended decea	34 m
6. DATE OF BIRTH (month, dey, end yeer) 100. 21/ 1875	I lest saw h wa alive on Out 23" 1934 dea	th is said
7. AGE Years Months Deys If LESS then	to heve occurred on the date steted above, et	111 13 3410
60 // 4 1day,hi	The PRINCIPAL CAUSE OF DEATH end releted ceuses of importance were es follows:	
8 Trade profession or particular	Date of follows.	e of onset
kind of work done, es SPINNER, Jakoer	- Carcleta Be	1738
9-Industry or business in which work was done, as SILK MILL,	Wellints auto	1950
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Dete decessed lest worked et this occupation (month end		
this occupation (month end spent in this occupation		
	Other Contributory Causes of Importance:	
12. BIRTHPLACE (city or town) (Stete or country)		
13. NAME War - Coates	want Sermis	
	I was de la constitución de la c	
(Stete or country)	Neme of operation Date of Whet test confirmed diagnosis? Was there an autops:	ME
5 15. MAIDEN NAME MINE Carroll	Whet test confirmed diagnosis?	y/
15. MAIOEN NAME Munce Carroll 16. BIRTHPLACE (city or town) A Control of Country)	Accident, suicide, or homicide?	10
(Stete or country)	Where did injury occur?	13
17. INFORMANTIAN CARROLL Care	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.	
(Address) Cais Turm. A de Co.	- Spanny and an anadom to the first oblic PEACE.	
18. BURIAL, CREMATION, OR REMOVAL	Menner of Injury	
Pleas De Care Care 28, 193	Nature of injury	
19. UNOERTAKER J-13.	24. Wes diseese or injury in eny wey releted to occupetion of deceesed? Two	
(Address) Armapolis	If so, specify	
20, FILEO / O Z 1 1954 AMberles	(Signed). Sign Week ardon	M. D

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis ·	3 days ago
SURPAR V S.	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

09888

1. PLACE OF DEATH	(46)
County a . a .	Registration Dist. No. 2
Village or City Eastbort	No. 388 Seven are St. Ward
.2	(If death occurred in a hospital or institution, give its NAME instead of street and number)
-0	mosds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Laura E. N	ore ore
(a) Residence: No.388 Seven or	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWE	
OR DIVORCED (write the wor	
5a. If married, widowed, or givorced	(Month) (Oay) (Year)
HUSBANO of fames 2 1000	22. HEREBY CERTIFY, That I attended degreesed from
	19 19 19 19 19 19 19 34
6. DATE OF BIRTH (month, day, and year) May 9-18	i last saw h a alive on Oct 18, 19 34; death is said
7. AGE Years Months Days If LESS th	Land State of the Control of the Con
74 7 1 1 or min	I THE FRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER,	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Indostry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Oate deceased last worked at 11. Total time (years)	(Dopply)
work was done, as SILK MILL, SAW MILL, BANK, etc	1 48 / 1
	Cancer of liver Duration, the years
this occupation (month and spent in this occupation	July G.
12. BIRTHPLACE (city or town) a. a. Co one	Other Contributory Coases of importance:
(State or country)	Hestory - although a boar
13. NAME John P Sherbest	2 yes Suspeat Men !!
13. NAME Johns P Sherbest 14. BIRTHPLACE (city or town)	Name of operation. Oate of
(State or country) a.a. co	What test confirmed diagnosis? Was there an autopsy No
15. MAIDEN NAME (Mary. Way son	23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIOEN NAME Mary Way son	Accident, suicide, or homicide? Date of injury, 19
E (State or country). A. A. Co such	Where did injury occur?
17 INFORMANT Louise Waviel	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 388 Sluese are Early me	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place 7 of Catalant Date Cat 19	Nature of Injury
19. UNGERTAKER B L Holefore	24. Was disease or jojury in any way related to occupation of deceased?
(Address) and gold sold	if so, specify
20. FILEO 10 21 1934 AMMS	(Signed) M. O.
Registra	ir. (Andress) Suither
If more blanks are needed, address State Reg	istrar, 2411 N. Charles Street, Baltimore, Requesting V. S/No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	i	Example II	6
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

H

1. PLACE OF

STATE OF MARYLAND	CERTIFICATE C	F DEATH	0988
F DEATH	(11)		
nne Arundel		Registration Dist. No	2I
Togodomo	No f death occurred in a hospital or institution	n, give its NAME instead of s	
dence In city or town where death occurredyrsmo	sds. How long in U.S. if old	oreign birth?yrs	d
ME Robert Duvall ce: No. Pasadena	St., Ward.		
ce: No. Pasadena (Usual place of abode)	Oup	If nonresident give city or	town and State
AL AND STATISTICAL PARTICULARS	MEDICAL CE	RTIFICATE OF DE	ATH
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH		

	County A	nne Arunde	1			Registration Dist. No. 2I	
	Village or C	ity. Pasadena	2		(lf	NoSt,	Ward umber)
,		ME Rober					
			aden			St., Ward.	
				Jsual place		If nonresident give city or town and if	State
		NAL AND STATIS				21. DATE OF DEATH	
	male	4. COLOR OR RACE white	5. SIN	DIVORCE	RIED, WIDOWED, D (write the word)	October IIth (Month) (Day)	, 193_4 (Year)
5a.	If married, widow HUSBAND of (or) WIFE of	wed, or divorced				22. I HEREBY CERTIFY, That I ettended of October 9th, 1934, to October II	[t]19.34
6. 1	DATE OF BIRTH	(month, day, end year)	nah	15	T03/	last saw him elive on October 10th, 1934.	; death is seld
_		Months 6		Days	If LESS than 1 dey,hrs. ormin.	to have occurred on the date stated above, at4	Date of opset
NOI	8. Trade, profession of SAWYER	ession, or particuler work done, as SPINNER, R, BOOKKEEPER, etc				Acute entero-colitis	Oct.7t
OCCUPATION	9. Industry or work w	business in which as done, as SILK MILL, ILL, BANK, etc				-	
000	this occ	sed last worked et upation (month and		SD3	ime (years) nt in this upation	Other Contributory Causes of importance:	
12	BIRTHPLACE (c	city or town)Pasar untry)	đena	Md.		Ullet Continuoty Course () Importance.	-
ER	13. NAME	George Duva	all				
FATHER		CE (city or town)A	Α.		Md	Neme of operation Date of What test confirmed diagnosis?_Clinical Was there en a	
ER	15. MAIDEN N	AME May Dar	rah			23. If death was due to external causes (VIOLENCE) fill in elso the following	
MOTHER		CE (city or town) or country)	Tren	ton,	N. J.	Accident, suicide, or homicide? Date of injury Where did injury occur?	
17	.INFORMANT (Address)	George Pasade				(Specify city or town, county and Stat Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PL	ACE.
18	B. BURIAL, CREMA	ation, or REMOVAL Piney Grove			. 12th, 34	Manner of injury	
-), UNDERTAKER(Address)	B. L. Hopp Annapol	ing is.	Md. Q.	Bug.	24. Was disease or injury in any way related to occupation of deceesed? If so, specify (Signed) (Address)	M. D.

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Attack of epilepsu Arteriosclerosis 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Peritonitis Cerebral hemorrhage Julu5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II	August 1911
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
53 183	W.Co.		
Other contributory causes of importance:	0 /	Other contributory causes of importance:	
Gallstones	May 1 1923	Gastroenteritis	1 year
	7/		

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting VIS. No. 1.

BINDING

RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
NO.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH

09892

1. PL	ACE OF DEA	ТН			
	unty Anne				Registration Dist. No.
	lage or City CI			e Hospita	No. St., Ward f death occurred in a horpital or institution, give its NAME instead of street and number) s. 4 ds. How long in U.S. iI of loreign blrth? yrs. mos. ds.
	LL NAME				
	Residence: No.			y Solicher	St., Ward. If nonresident give city or town and State
PI	ERSONAL AN	ND STATIST			MEDICAL CERTIFICATE OF DEATH
3. SEX	4. COLO	OR OR RACE	5. SINGLE, MAR	tRIED, WIDOWED, D (write the word)	21. DATE OF DEATH October 26, (Month) (Oey) (Year)
HUSB	ied, widowed, or div BANO of WIFE of	orced			22. I HEREBY CERTIFY. Thet I ettended deceased Iron Dec. 22, 19 24 to Oct. 26, 19 34
6. DATE O	F BIRTH (month, da	y, end yaar)	1856		I last saw h. er alive on Oct. 26, 19.34; death is said
7. AGE	Yaars 78	Months Unkno	Days	If LESS than I day,hrs. ormin.	to have occurred on the data stated above, at 5:15 P. M. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
12. BIRTH	dustry or businass it work was done, as SAW MILL, BANK, lite dacaased last wo, this occupation (myear)	rked et onth and	II. Total t	ime (years) ntin this Unknoupation	Wn- Other Contributory Causes of importance: Chronic Myocarditis Unknown
1	ate or country)	lknown			
E	RTHPLACE (city or to (Steta or country)	TT-al-	nown		Neme oI operation
₩ 15. MA	AIOEN NAME	Unkno	พท		Whet test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following:
I7. INFORM		own) Unkr	lown Records		Accident, suicida, or homicide? Date of injury, 19
	cremation, or		Maryl Oate	and >	Manner ol injury
1	idress)	P. Weule	took !	Duft	24. Wes disease or injury in any way related to occupation of deceated? If so, specify (Signary)
20. FILEO	V.CA - 2. /	19.37. 4.1	1/109	Registrar.	(Addrass) Crowns ville, Maryland

If more blanks are needed, address State Registrar, 2422 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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To be complete, an occupation return must state:

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Example I		Example II	
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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

of OCCUPA.

Exact statement

STATE OF MARYLAND—	CERTIFICATE OF DEATH 09893
1. PLACE OF DEATH	48
County Unny lerundel	Registration Dist. No. 25
Village or City Churchlon	No. St. Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?
Marie 1 0 T	us. How long in 0.5. It of foreign bittin:
2. FULL NAME (Mary Julia Tourilar	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (acrite this word)	21. DATE OF DEATH Of Some (Month) (Oay) 193/(Yoar)
5a. If married, widowed, or divorced HUSBAND-of (or) WIFE of Milson Thompson or or of the series of	22. I HEREBY CERTIFY. That I attended deceased from 15, 1934, to Oct. 5, 1934
6. DATE OF BIRTH (month, day, and year) with the 1885	I last say the alive on Och 2 , 193 %; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
49 Christown or min.	wera as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceesed last worked at this occupation (month and	alline Chreinoma finknown
10. Data decessed last worked at this occupation (month and 1934 11. Total time (years) spent in this year)	
12. BIRTHPLACE (city or town) Churchfon (State or country) anne arrowall Co Ma	Other Contributory Causes of importance:
W 13. NAME Samel Foundais	
13. NAME Skinel Journaline 14. BIRTHPLACE (city, or town) Usual Carumael Co (State or country)	Name of operation
15. MAIDEN NAME Elizabeth, alton,	23. If daeth was dua to external causes (VIOLENCE) fill in also tha following:
15. MAIOEN NAME Califabeth Witon 16. BIRTHPLACE (city or town) (State or country)	Accident, sulcide, or homicide? Date of injury, 19
17. INFORMANT Joseph Fourntain (Address) Chan Obline	(Specify city or town, county and Stale) Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place 12 Gukling Cenn Dete Och 17, 1934	Manner of injury
19. UNOERTAKER E-H B. Parker (Address) analysis had	24. Was disease or injury In any way related to occupation of deceased? If so, specify
20 FILEO Del 5, 1934 Ges & Sgrafe Registrar.	(Signed) All 'Thesh M. D. (Address) Churchian M. A.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	24 204	1 week ago
1921	Run over by street cor	1 week ago
July 5,1927	Peritonitis NOV 3 1934	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of cpilopsy 1921 Run over by street cor July 5, 1927 Peritonitis Other contributory causes of importance:

	Ver	A	nen	
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	300	PF	act	
	RI		EX	
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Ž	NE	CT	ifie	
9	MA	A	lass	
BIL	ER	EX	VC	te.
2	1 P	pa	erl	fical
FO	S	stat	rop	erti
ARGIN RESERVED FOR BINDING	IS	96	le I	je c
Œ	TH	d b	A P	k o
JR	1	nou	ma	bac
SE	Z	S	t it	on
RE	5	1GE	tha	Suc
Z	DIA	7	80	etic
5	FA	ied	ms,	stru
AB	NO	lppl	teri	in
	H	Su	in	See
	TI	ully	pla	نہ
		ref	l in	tan
	ILY	es es		por
	AIN	q F	DE/	im
	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Ever	no	F	TION is very important. See instructions on back of certificate.
	9	sh	臣 ①	is
	RIT	tion	OS	Z
7	M-	mai	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statemen	TIC

V. S. No. 1

STATE OF MARYL 1. PLACE OF DEATH County Anne Arundel Village or City Crownsville State 1	200	(34	Registration	on Diet No. 21	09894
2. FULL NAME Shermont Gantt (a) Residence: No. At Large	S	h occurred in a horpital des. How long in St.,Ward.	U.S.II OF FOREIGN DIFTER?	yrs	_mosds.
PERSONAL AND STATISTICAL PARTICUL		MEDIC		ent give city or town	
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, OR DIVORCED (wm Married)	WIDOWED, 21	DATE OF DE	ATH ober 15	(Oav)	, 1934 (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Unknown		I HER	EBY CERTI	FY. That I attend	ed deceased from
24 Unknown 1d or.	LESS than to	have occurred on the	e on O.C.t. 15, data stated above, at 9: OF DEATH and ralated ca	14 P. M.	-; doath is said
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date daceased last worked at this occupation (month and year) Occupation to occupation to occupation.	ars)	Inronic M	yocanditis		?
12. BIRTHPLACE (city or town) Maryland (State or country) 13. NAME Sherman Gantt		thar Contributory Casso Exhaustion Mania and	of Importanca: n due to p syphilis	rolonged	?
14. BIRTHPLACE (city or town) Maryland (State or country)		nme of oparation	nosis?	Oata of	
15. MAIOEN NAME Mary Young 16. BIRTHPLACE (city or town) Maryland (State or country) 17. INFORMANT HOspital Records	Ac WI	cident, suicide, or hom hera did injury occur?_		Date of injury	, 19
(Address) Crownsville, Maryle 18. BURIAL, GREMATION, OR REMOVAL Place Lucium Quality Detector 19. Detector 10.	nd Ma	nner of Injury			
19. UNDERTAKER (SCALARIA) (Address) 2. 11 M. Such A. 20. FILEO D 1), 19 34 M. Such A. 20. FILEO D 1), 19 34 M. Such Address If more blanks are needed, address.	If gistrar.	(Signed) (Address)	in any way related to occur	mula e. Maryl	10 SM) D.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Ellowati V. E.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

•	RECORD	. PHYS	Exact sta	
BINDING	PERMANENT	EXACTLY	ly classified.	ate.
FOR	IS A	stated	proper	certifica
Q	HIS	pe	pe	of
MARGIN RESERVED FOR BINDING	N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD	mation should be carefully supplied. AGE should be stated EXACTLY. PHYS	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact sta	TION is very important. See instructions on back of certificate.
V. S. No. 1	BWRITE PLAINLY,	mation should be car	CAUSE OF DEATH	TION is very import
>	ż	1	-	1

Every item of infor-ICIANS should state trement of OCCUPA.

STATE OF MARYLAND—CERTIFICATE OF DEATH

0	0	5	0	flor 0 h
U	J	0	J	0

1. PLACE OF DEATH				(43)			
County Anne	Arundel			Registration Dist. No.			
Village or City	Jessup, M	id.	(lf	No.Maryland House of Correstion Ward death occurred in a hospital or institution, give its NAME instead of street and number)			
Length of residence i	n city or town where dea	th occurred	yrsmos	g.ds. How long in U.S. If of foreign birth?yrsmos,ds.			
2. FULL NAME_	Walter Gor	don					
(a) Residence: No	B.	(Usual place	mal of abode)	St., Ward. If nonresident give city or town and State			
PERSONAL A	ND STATISTIC	AL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH			
3. SEX 4. COLOR OR RACE National of the word of the wo		D (write the word)	21. DATE OF DEATH October 25 193 4 (Month) (Day) (Year)				
5a. If marriad, widowed, or HUSBAND of	divorced			22. I HEREBY CERTIFY, That I attended deceased from			
(or) WIFE of				Aug. 14 19.34 to October 23 1934			
6. DATE OF BIRTH (month,	day, and year) Ma	7 30.	1899	Hast saw h_im_alive on_October 231934; death is said			
7. AGE Yaars	Months	Days	If LESS than	to have occurred on the date stated above, at			
35	4	23	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:			
9. Industry or busines work was dona, SAW MILL, BAN	ná, as SPINNER, KEEPER, atc sin which as SILK MILL, K, etc worked at	11. Total ti	ime (years)	Bilateral Pulmonary Tuberculosis ?			
o this occupation (rrown	- OCCL	nt in this Unkno	WIT Other Coatributery Causes of importance:			
12. BIRTHPLACE (city or to (State or country)	wn)Marj	land	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	Other Constitutes of Constitution			
E 13. NAME Alexa	nder Gorde	on		`v			
13. NAME Alexander Gordon 14. BIRTHPLACE (city or town) Unknown (State or country)				Name of operation			
監 15. MAIDEN NAME Sallie Williams				23. If daath was due to external causes (VIOL ENCE) fill in also the following:			
15. MAIDEN NAME Sallie Williams 16. BIRTHPLACE (city or town) Unknown (State or country)				Accident, suicide, or homicide?, Date of injury, 19			
17. INFORMANT (Address)	Il Bruns		v m. O.S.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.			
18. BURIAL, CREMATION, OR REMOVAL Place Chilled Roul Date Oct 27., 193 4			27. 1934	Manner of injury			
19. UNDERTAKER På Marshall (Address) Jessey Ma				24. Was diseasa or injury in any way related to occupation of deceased? NO			
20. FILE Oct. 27	, 193 4 Clas	a MKC	Registrar.	(Signed) Harry S. Melley M. P. M. D. (Address) Jessup, Md.			

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1921	Run over by street car	1	1 week ago		
July 5,1927	Peritonitis		3 days ago		
	Other contributory causes of importance:				
May 1,1923	Gastroenteritis		1 year		
	1915 1921 July5,1927	Date of onset The principal cause of death and related of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:		

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 2.

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Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			2 7 60	

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7. S. No. 1

(Address)

Registrar.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

V. S. No. 1

should state of OCCUPA-

STATE OF MARYLAND-CERTIFICATE OF DEATH

1	PLACE OF	F DEATH A. A.	. 0	RTGT	NAL 210-00) T
	Village or C	ity Severna	Park	(1f	No.	Registration Dist. No	St.,Ward
2		me James H ice: No. Seve	rna Par (Usual place of		St.,Ward.	If nonresident give city or to	wn and State
	PERSON	AL AND STATIST	ICAL PARTIC	CULARS	MEDICAL	CERTIFICATE OF DEA	TH
3. 5	male	4. COLOR OR RACE	5. SINGLE, MARE OR DIVORCED Sing	(write the word)	21. DATE OF DEATH	0.11	, 1934 (Year)
5a.	If married, widow HUSBAND of (or) WIFE of	ved, or divorced			A .	Y CERTIFY, That I at	
_		(month, day, and year) ars Months	Days	I878 If LESS than 1 day,hrs. ormin.	to have occurred on the date sta The PRINCIPAL CAUSE OF DE. were as follows:	, 1	ce
OCCUPATION	sind of SAWYER 9. Industry or work was SAW Mi 10. Oato decease this occur.	sssion, or particular work done, as SPINNER, t, BOOKKEEPER, etc business in which as done, as SILK MILL, LL, BANK, etc sed last worked at pation (month and) e pt	laborer gene		internal in	juries	
12	BIRTHPLACE (c (State or cou			nty Va.		nportance:	
ER	13. NAME	Samuel Hop	kins				
FATHER		E (city or town) Am	elia Con	nty		D Was the	
MOTHER	(State of	E (city or town)	Va dson	La.	Accident, suicide, or homicide?. Where did injury occur?Pl Specify whether injury occurred	causes (VIOLENCE) fill in also the accident Date of Injury ublic highway (Specify city or town, county of In INDUSTRY, in HOME, or in PUI	IO-8, 19-34
_	Place	Severna Tion, or REMOVAL Town Neck	DateOc.t	II,19.34	Manner of Injury		no
19	. UNDERTAKER(Address)	J. B. Johns -8,1934	Baltin	nore de	24. Was disease or injury in any If so, specify (Signed)	y way related to occupation of deces	ece new M.D.

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1 5				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH (19900)
1. PLACE OF DEATH	952
County Anne Anunch	Registratjon Dist. No. 2
Village or City Linthicium I del	Mac death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	
2. FULL NAME Inomio Park	in Auttor
(a) Residence: No. Howy Rum Road (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH / J October 193 (Year)
5a. If married, widowed or divorced HUSBAND of (er)-WIFE of Called A Warm	22. HEREBY CERTIFY, That I attended deceased from
23 60 1856	last saw h alive on Qcl 1934; death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 6120 m.m.
48 0 24 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Proncho freumonik
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10. Data deceased last worked et this occupation (month and 1924 spant in this year)	1734
12. BIRTHPLACE (city or town) Das dford County	Other Coutributory Causes of Importance:
(State or country)	Disease
13. NAME (LALLY) Fulton 14. BIRTHPLACE (city or town). Olshuphirl	
4. BIRTHPLACE (city or town) & Shuphur	Name of operation 7000 Dete of
(State of country)	What test confirmed diagnosis? The survivation was there an autopsy?
15. MAIDEN NAME Salah Cohalls warth	23. If death was due to external causes (VIOL ENCE) fill In also the following:
15. MAIDEN NAME SAVAL COLUMN STATE OF COUNTY OF THE SAVAL COLUMN STATE O	Accidant, suicide, or homicide?
(Stata or, country) Oughtie	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT CHUM LATHAM Sutton	Specify whather injury occurred In INDUSTRY, In HOME, or in PÜBLIC PLACE.
Place Meller Common Date Con 20, 1937	Manner of injury Nature of injury Nature of injury Nature
19. UNDERTAKER ALLEW BOOTS AND	24. Was disease or injury in any way releted to occupation of deceased?
20. FILED Oct 17, 1934 lilawell Woodlung	(Signed) Oll Mill (Signed) M. D. (Address) inthieum Math
To many blanks are model address State Parists and	According Charles Charles Relationary Proposition (7) C No. 1

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BINDING

FOR

RGIN RESERVED

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
\$			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5,1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

1. PLACE OF DEATH	OF MARYLAND—	RECERTIFICATE OF DEATH	00004
	en de l		21
County Clause no	3.1	Registration Dist. No.	
Village or City	The state of the s	No. Street No. Street No. Street No. Street No. Street No. Street No. Street No. Street No. Street No. Street No. Street No. Street No. Street No. Street No. Street No. Street No. Street No. Street No. Street No. Street	St.,Ward
Length of residence in city of town when		B. How long in U.S. if of foreign birth?yrs.	
2. FULL NAME Her	e bort & 1	1 kmes	
11-1	1 - 21		
(a) Residence: No. Av of	(Usual place of abode)	St., Ward. If nonresident give city or to	wn and State
PERSONAL AND STATIS	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEA	
3. SEX 4. COLOR OF RACE	5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
7 Col	OR DIVORCED (write the Word)	(Month) (Day)	, 193 (Year)
Sa. If merried, widowed, or divorced		(month) (bay)	(1001)
HUSBANO of (or) WIFE of		22. CHEREBY CERTIFY, That I at	Itended deceased from
1	let p. 34	, 1 9 4, to	, 19
6. DATE OF BIRTH (month, day, and year)		I last sew h	.9; deeth is sald
7. AGE Yeers Months	Deys If LESS than 1 dey,	to heve occurred on the date stated above, etm.	
	ormin.	The PRINCIPAL CAUSE OF DEATH and releted causes of important were es follows:	Ce Date of onset
8. Trade, profession, or perticular kind of work done, as SPINNER.	2600 8	1	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		1/20/201	
9. Industry or business In which work was done, es SILK MILL, SAW MILL, BANK, etc.		Jan Duly	
10. Date deceased lest worked at	11. Total time (yeers)	1.	
this occupation (month and year)	spent in this		
Mar	larbun.	Other Contributory Causes of importence:	
12. BIRTHPLACE (city or town) (State or country)	0 1/1	thelman	
1 1/10	fine (25)	Nuclean	
E (lhel	reducts the		
14, BIRTHPLACE (city of town)	1		ete of
700	8:711.11.1	What test confirmed diegnosis?	
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	1/1201	23. If death was due to external causes (VIOLENCE) fill in also the fo	
16. BIRTHPLACE (city or town)	The same	Accident, suicide, or homicide? Dete of injury_	, 19
State or country)	and !	Where did injury occur?(Specify city or town, county a	and State)
17. INFORMANT	P 12 12	Specify whether injury occurred in INOUSTRY, In HOME, or in PUB	LIC PLACE.
(Address) 18. BURIAL, CREMATION, OR REMOVAL	and)		
line services (/en	10.9 10.9 1934	Manner of injury	
(/ ()	13/	Neture of injury	24 .
19. UNOERTAKER	nas /2	24. Was disease or Injury In any way related to occupation of deceas	sed?
(Address)	sung	If so, specify	*
20. FILED 10. 9 19. 34	Mush	(Signed) War branch	Que M. D
. 6	Registrar.	(Address)	
If mo	re blanks are needed, Address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

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Arteriosclerosis	1915	Attack of epilepsy	MON o your	1 week ago
Chronic interstitial nephritis	1921	Run over by street car		1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	(Carlotte State of the Carlotte State of th	3 days ago
Other contributory causes of importance:		Other contributory ca	auses of importance:	
Gallstones	May 1,1923	Gastroenteritis		1 year
			N N	

ADDITIONAL S	PACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1 m

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See instructions on back of certificate.

of OCCUPA.

1		SIAIE	OF MAI	RYLAND-	CERTIFICATE OF DEATH	0330.
	1. PLACE O	F DEATH			(83)	
		Anne Arund			Registration Dist. No.	
	Village or C	ity Crownsvi	lle Sta	te Hospit	81 No.	War
				(1	f death accurred in a homital as institution of the NAARE	
1				yrsymo:	sds. How long in U.S. if of foreign birth?m	iosd
N		ME John J		***************************************		
	(a) Residen	ce: No. Baltim	ore Cit	ce of abode)	St.,Ward.	
-	PERSON	AL AND STATIS			If nonresident give city or town and MEDICAL CERTIFICATE OF DEATH	State
3.	. SEX	4. COLOR OR RACE	5. SINGLE, MA	ARRIED, WIDOWED,	21. DATE OF DEATH	
	Male	Black	Marr	CED (write the word)	October 22	., 193.4
5a	a. If marriad, widow HUSBAND of	ed, or divorcad			(Month) (Day)	(Year)
_	(or) WIFE of	Unknow	n		22. I HEREBY CERTIFY, That I attended	
-	DATE OF BIRTH		1887		April 16, 1933, toOct. 22,	, 193.4
	AGE Year	month, day, and year) rs Months	Days	If LESS than	I last saw him alive on Oct 22, 1924 to have occurred on the data stated abova, at 11:45 mP. M.	_; death is sal
	47		nown	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
7	Trade profes	3 Jrada, profession, or particular			General Paralysis of the	Oate of onset
OCCUPATION	kind of w SAWYER,	kind of work done, as SPINNER, Laborer			Insane	7/2
	9. Industry or b	done, as SILK MILL,	Unknow			andresse
CCU	SAW MILL, BANK, etc					
O	this occup	d last worked at metion (mathth and the records)	sp oc	time (years) pent in this coupation Lakener		
10		yortown) Mary		Topaton prose relative	Other Coutributory Causes of importance:	1,0
12	(Stata or coun		ratin		Syphilis	Unkno
ER	13. NAME	Jim Jon	nes			
FATHER	14. BIRTHPLACE	(city or town) Mary			Name of operation	
-	(State of	country)			What test confirmed diagnosis?	
MOTHER	15. MAIDEN NAM	Mary Mary	?		23. If death was due to external causes (VIOL ENCE) fill in also the following	
OTF	16. BIRTHPLACE	(city or town) Wary	yland		Accident, suicida, or homicide? Oate of Injury	
Σ	(State or	country)			Where did injury occur?	
17	INFORMANT	Hospital H			(Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	e) ACE.
10	(Address)	Crownsville	e, Mary	Land		
18	B. BURIAL, CREMATI	MINTAGG	Oate	27 1984	Manner of injury	
_	Flaca.	P		1907	Nature of injury	
19	. UNOERTAKER	ams 186	aynın	V	24. Was disease or injury to any way related to occupation of deceased?	
	(Address)	- 1149h	of Tun	Ilmdao	If so, specify	1
20	FILED LD	1934	Jan	2 Malant	(Signed) 14 14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	M. D

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Gallstones	May 1,1923	Gastroenteritis	1 year
			DIESE FAU

STATE OF MADVI AND CEPTIFICATE OF DEATH

1. PLACE OF DEATH			
County Clime Cloud	el.	Registration Dist. No.	3rd
Village or City Academ Length of residence in city or town where deeth occurred.	/	No. St.,	
2. FULL NAME Ida Blance (a) Residence: No. Pasa a E	he Kl	St., Ward.	
(Usual place PERSONAL AND STATISTICAL PARTI		If nonresident give city or town an	id State
3. SEX 4. COLOR OR RACE 5. SINGLE, MARIOR DIVORCEI	RIED, WIDOWED,) (write the word)	21. DATE OF DEATH	4
	ent.	(Month) (Day)	(Year)
5a. If married, widowed, or alvoyced HUSBAND of (or) WHFE of FEMPE Kneppel.		22. I HEREBY CERTIFY, That I attended	d deceased from
6. DATE OF BIRTH (month, day, and yeer) May 6 th. 7. AGE Years Months Deys	/876.	I last saw h. e. alive on	; death is seid
8. Trado, profession, or particular	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:	Date of onset
kind of work done, as SPINNER,	ife	Char, m	
work was done, es SILK MILL, SAW MILL, BANK, etc.		Jua Cectino	10/5/33
this occupation (month end spen	me (yeers) t in this pation	Several adjack	
12. BIRTHPLACE (city or town) Battimore (State or country)	md.	Other Contributory Causes of importance:	
13. NAME - Miliains -		part the years.	
13. NAME — Williams — 14. BIRTHPLACE (city or town) — Teast Office (State or country)	nR.	Name of operation Date of	- M-
15. MAIDEN NAME May Poston. 16. BIRTHPLACE (city or town)	D	What test confirmed diagnosis? Wes there an 23. If death was due to external causes (VIOLENCE) fill in also the following	ıg:
16. BIRTHPLACE (city or town)	201,	Accident, suicide, or homicide? Date of injury Where did injury occur?	
17. INFORMANT John Krappel. (Address) Casadan	est.	(Specify city or town, county and Str Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PI	ate) LACE.
18. BURIAL, CREMATION, OR REMOVAL Balto Sur.	8 ,1937	Manner of injury	
19. UNDERTAKER Liley & Bell (Address) 402-11. Namele.	er st	24. Was disease or injury in any way related to occupation of deceased?	728
20. FILED 10/5 , 1934 Competer	Ulra Registrar.	(Signed) Mu fllagande	M. D.

V. S. No. 1

should state

PHYSICIANS

stated EXACTLY.

ARGIN RESERVED FOR BINDING

INK-THIS IS

UNFADING

B.—WRITE PLAINLY, WITH

mation should be carefully supplied. AGE should be stated EXACTL CAUSE OF DEATH in plain terms, so that it may be properly classified.

Exact statement of OCCUPA.

A PERMANENT RECORD. Every item of infor-

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis :	1 year
			18
		English Members and Charles an	

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BUREAU A S			
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SOSFAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

FOR BINDING

ARGIN RESERVED

V. S. No. 1

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STATE C	OF MARYLAND—	CERTIFICATE OF DEATH 05	1908
1. PLACE OF DEATH		(KFa)	
County Sure le	rundel	Registrațion Dist. No. 21	
Village or City Lungs		No. Im engeney Hospital St.,	Ward
Length of residence in city or town where		death occurred in a horpital or institution,/give its NAME instead of street and n	
2. FULL NAME lastere	ue & Lewis	WITHIN CORPORATS INST	
(a) Residence: No. Flm K	west mo. as	Ward.	
DEDCOVAL AND CONTROL	(Usual place of shode)	If nonresident give city or town and	State
PERSONAL AND STATIST 3. SEX 4. COLOR-OR RACE	5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH	
7 1	OR DIVORCED (with the word)	1. DATE OF BEATH	193 4
5a. If marriad, widowed, or divorced	burger	(Month) (Ďay)	(Yaar)
HUSBAND of (or) WIFE of	1.	22. OHEREBY CERTIFY That I attended to	deceased from
6. DATE OF BIRTH (month, day, and year)	ent 1-1934	0 104 3	death is said
7. AGE Yaars Months	Days If LESS than	to heve occurred on the date stated abova, at	
	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	
8. Trade, profassion, or particular kind of work done as SPINNER	1. 1 11.0 Car.		Dats of onset
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Il UL Mel per repairs	atalectoris	Mafe.
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	allroad		92
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	11. Total tima (yaars) spent in this occupation		
80.	Quant such	Other Contributory Canses of Importance:	
12. BIRTHPLACE (city or town) (State or country)	urnie f. o.	The text	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	n. Lewis	- Japanana / S	
14. BIRTHPLACE (city or town) Assure	spale -ct.	Neme of operation	7
(State of country)	L ma	What tast confirmed diagnosis? Was there an a	utopsy200
15. MAIDEN NAME LUA	Z. moreland	23. If death was due to external causes (VIOLENCE) fill in also the following:	
15. MAIDEN NAME LUA C	drundel Co.	Accidant, suicida, or homicide? Oate of injury	, 19
∑ (State or country)	O me	Where did injury occur? (Specify city or town, county and State	
17. INFORMANT ON A / 1. g	em Rurox	Specify whathar injury occurred in INOUSTRY, in HOME, or in PUBLIC PLA	ĆE.
18. BURIAL, CREMATION, OR REMOVAL	1 Cm 1. 3.1	Manner of injury	
Place Calo in Incher	Bate UCT 11 , 19	Nature of injury	
19. UNDERTAKER Momos Al (Addrass) Luttecum	Hinghon mit	24. Was disease or injury in any way ralated to occupation of deceased?	40
20. FILED 10 10 19.34	Missel Registrar.	(Signad) John John John (Address) Line 12 July	I MO
If more	blanks are needed, address State Registrar,	2411 N. Charles Street, Balimore, Requesting U. S. No. 1.	

110000

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1
Date of onset 1 week ago
1 week ago
3 days ago
1 year
S

	ADDITIONAL	SPACE FO	R FURTHER	STATEMENTS	BY	PHYSICIAN
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should state of OCCUPA

FATHER

MOTHER

A PERMANENT RECORD. Every item of infor-PHYSICIANS Exact statement AGE should be stated EXACTLY. properly classified. ARGIN RESERVED FOR BINDING UNFADING INK-THIS IS be CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. -WRITE PLAINLY, WITH

TION is very important. See instructions on back of certificate.

		STATE (OF MAF	RYLAND-	CERTIFICATE OF DEATH			
:	1. PLACE OF DI	EATH						
	County	me Arund	lel		Registration Dist. No.			
	Village or City	rownsvi	lle Stat	te Hospita	L_NoSt.	Ward		
				_ (l	t death occurred in a horpital or institution, give its NAME instead of street and s. 22 ds. How long In U.S. If of foreign birth?yrs	number)		
				yrs,cmos	s	osds.		
	2. FULL NAME.							
	(a) Residence: No	Baltin	nore Cit	y of shade)	St., Ward. If nonresident give city or town and			
		AND STATIST			MEDICAL CERTIFICATE OF DEATH	State		
3.		DLOR OR RACE	S. SINGLE, MA	RRIED, WIDOWED,	21. DATE OF DEATH			
	Male	Black	OR DIVORC	ED (write the word)	October 6	., 193.4		
5a	. If married, widowed, or		MIG	2WEG	(Month) (Day)	(Year)		
	HUSBAND of (or) WIFE of	nknown			22. I HEREBY CERTIFY, That I attended			
6. DATE OF BIRTH (month, day, and year) 1879					June 14, ,1934, to October 6, ,19 34			
			1		I last saw himalive on _Oct _ 6, 1934 ; death is sal			
7.	AGE Years	Months	Days	If LESS than 1 day,hrs.	to have occurred on the data stated above, at 4: 15 Pn. M.			
	55	Unkr	10 wn	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset		
NO	8. Trede, profassion, o	na as SPINNER	Dlumhar	helper	General Paralysis of the			
ATI	9 Industry or husing	KEEPER, etc	* ramper	werber	Insane			
OCCUPATION	work wes done. SAW MILL, BAN	as SILK MILL, IK, etc	Unkno	ym				
000	10. Date deceased last this occupation year)	worked et month and MATIO WIN	sp.	time (years) ent in this cupation				
12. BIRTHPLACE (city or town) South Carolina			Carolin	าล	Other Contributory Causes of Importance: Syphilis	?		
~	(State or country)							
HEF	13. NAME	Sam Logs	n			-		
FATHER	14. BIRTHPLACE (city of		h Carol	lina	Neme of operation Data of			
(State of Country)					Whet test confirmed diagnosis? Was there an a	utopsy?		
15. MAIDEN NAME Jane Jones 16. BIRTHPLACE (city or town) South Carolina (State or country)					23. If daath was due to axternal causes (VIOLENCE) fill in also the following:			
				na	Accidant, sulcide, or homicide? Data of Injury	, 19		
(State of County)					Where did injury occur? (Specify city or town, county and State	(a)		
17.	(Address) Crov	spital Revision	ecords Maryla	nd	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PL	ĂĆE.		
18	BURIAL, CREMATION, O	3 0/1	2. 6.	20 34	Manner of injury			
	Plece L. Vals	onal	Sc. Dete - C.	1	Netura of Injury			
19	UNDERTAKER . Z.)	Daniel .	Fash	ers 1	24. Was disease or injury in any way related to occupation of degrased			
	(Address)	16 0 a		Ballo	If so, spacify			
20.	FILED 10/5	1936	7. So	500	(Signed)	ZM. D.		

V. S. No. 1

Ä,

(Address) Crownsville Maryland If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Perilonilis	3 days ago
	104	
T.a.	Other contributory causes of importance:	
Ma; 1,1923	Gastroetterids	1 year
	7.77	
	1915 1921	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis

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Example I	!	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Case reported to the Bureau of the Census

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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1. 1	PLACE OF	DEATH				- (93.C)		_	- 1
	County	a, a					Registration	Dist. No.	0
	Village or Ci	7	rood	md 0	No f death occurred i	in a horpital or instit	ution, give its NAN	St., ME instead of street an	d number)
		ence in city or town where	111		ds.	How long to U.S. If	of foreign birth?	yrs	.mos
2. 1	FULL NAN	U	Mon		Ø A /	7			
	(a) Residenc	e: No.	(Usual place		Cost., Mo	{Ward.	If nonresides	nt give city or town o	nd State
1	PERSON	AL AND STATIST	ICAL PART	ICULARS	1	MEDICAL C		E OF DEATH	
3. SEX	rm	4. COLOR OR RACE	OR DIVORCE	RRIED, WIDOWED, ED (write the word)	21. DATE	OF DEATH	ber!	2,0	, 193 (Year)
H	narried, widowe USBAND of		Widow		22.	LUEDER	V CEDIL	Y That i attende	
((or) WIFE of	/	riaon		Das	419	. 19.72// to	Dex 2	Q 19 =
6. DAT	E OF BIRTH (n	nonth, dey, end yeer)			i iest saw h	es alive on	Oex,	19-3	A. deeth is
7. AGE	Yeer		Deys	If LESS than		red on the dete stet			
	50	ang,	45 2	5 1 dey,hrs. ormin.	The PRINCIP	AL CAUSE OF DEA	TH end releted ceu	ises of Importance	Date of o
N 8	Trede, profess kind of wo	ion, or perticular ork done, es SPINNER, BOOKKEEPER, etc	Arm	cie;	- Ise	test	must	Inflex	Date of o
	Industry or b	usiness in which	11	courc.	772	ty wer	eschul	01	
OCCUPAT	SAW MILL	done, esSILK MILL, , BANK, etc	al Mo	me.	00 1	<i>t</i>	11		
0 10	this occupi	l lest worked et etion (month and	11. Total spa	time (yeers) francs		ve myscar	dem - Geng	.	
12. B1R	THPLACE (city	or town)	orth	ceroline	Other Centributery Causes of importance:				
œ 13	NAME	albert	Porrel	10.					
13 14 14 14 14 14 14 14 14 14 14 14 14 14	BIRTHPLACE ((aity or town)	100	0.	Name of open				
E	(Stete or c		the a	rolina				Dete of.	
15.	MAIDEN NAM	E Mary	Powell on	rell				fill In also the followi	
15. 16.	BIRTHPLACE ((city or town)	201	0 9,	N .			Dete of injury	-
Σ	(Stete or o	country)	orm (volina		ury occur?			
17. INF	ORMANT(Address)	mo LEN	vis	allincorepa	Specify wheth	er injury occurred I	n INDUSTRY, In H	or town, county and Si OME, or In PUBLIC F	PLACE.
18. BUF	1.1	ON OR REMOVAL	recting A	+23 34	Menner of inju	ury			
	Plece	0 11/00	Date C. QC	1924	Neture of Inju	iry			
19. UNDERTAKER C. M. Var Parther (Address) 47 Washington St					24. Was disease	e or injury In any w	vay releted to occu	pation of deceased?	
20. FiL	FD oct	2/ 1934 21	A. Cla	eytor	(Signed).	1/0	22/	ast	

V. S. No. 1

ARGIN RESERVED FOR BINDING

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Example 1	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE	OF	MARYLAND-CERTIFICATE	OF	DEATH	09913
ATL					

1	1. PLACE	OF DEATI	Н			34			
	County	Anne	Aruno	lel		Registration Dist. No. 27			
					e Hospita Gyrs 9 mos	A No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number) 17 ds. How long in U.S. if of foraign birth?			
	2. FULL N								
					Elhton RD #	St., Ward. If nonresident give city or town and State			
	PERSO	NAL AND	STATIST	ICAL PART		MEDICAL CERTIFICATE OF DEATH			
3.	sex Male	4. COLOR		5. SINGLE, MAI	RRIED, WIDOWED, D (write the word)	21. DATE OF DEATH October 26 (Month) (Day) (Year)			
5a.	. If married, wide HUSBAND of (or) WIFE of	owad, or divorce	ad			22. I HEREBY CERTIFY, That I attended deceased from Jan. 9, 1931, to Oct. 26, 1934			
6.	DATE OF BIRTI	(month, day, a	and year)	1896		I last saw h im alive on Oct. 26, 1934; death is said			
7.		ears 38	Months Unkn	Days	If LESS than 1 day,hrs. ormin.	to have occurred on the data stated above, at 11:20 m. A. M. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:			
OCCUPATION	Trade, profession, or particular kind of work dona, as SPINNER, Laborer SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, Unknown SAW MILL, BANK, etc. 10. Date deceased last worked at 11. Total time (years)					Pulmonery Tuberculosis Unknown			
12.	year) occupation occupation occupation (State or country)					Other Contributory Causes of importance: Feebleminded with a psychosis plus syphilis Unknow			
HER	13. NAME		liam M						
FAT	14. BIRTHPLACE (city or town) LETY Land (State or country)					Name of operation			
MOTHER	15. MAIDEN NAME Harriet ? 16. BIRTHPLACE (city or town) Maryland (State or country)					23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?			
17.	17. INFORMANT Hospital Records (Address) Crownsville, Maryland 18. BURIAL, CREMATION OB REMAVAL Place 102 ptl Leccular Data 10/20. 35					(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.			
18.						Manner of injury Nature of injury			
-	(Address)	3x	Wal	those Toy	Suft-	24. Was disease or injury in any way related to occupation of decaded? If so, specify (Signet) M. D.			

V. S. No. 1

N. B.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	STEEL STEEL
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

V. S. No. 1 N. B.—V 09914

1. PLACE OF DEATH			159			
County Anne Arun	lel		Registration Dist. No. 2.I			
Village or City Earle	igh Heigh	ts	NoSt.,V death occurred in a horpital or institution, give its NAME instead of street and number)			
Length of residence In city or town wh	re death occurred	yrsmos.	ds. How long in U.S. if of foreign birth?yrsmos	ds.		
2. FULL NAME Lewis	Oliver					
(a) Residence: No. Barl	eigh Heig.		St.,Ward.			
PERSONAL AND STATI			MEDICAL CERTIFICATE OF DEATH			
3. SEX 4. COLOR OR RACE male negro	5. SINGLE, MARI	RIFD, WIDOWED,) (write the word)	21. DATE OF DEATH October IIth (Month) (Day) (Yea	ar)		
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of			22. I HEREBY CERTIFY, That I attended deceased			
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months — —	Sept. 80. Days	T934 If LESS than 1 day,hrs. ormin.	I last saw h aliva on, 19; daath i to have occurred on the date stated above, at5am. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of	is said		
8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	11. Total ti spai occu	ime (years) nt in this upation	Prematurity Other Contributory Causes of Importance:			
HE 13. NAME Henry Oliver 14. BIRTHPLACE (city or town)			Name of operation Date of What test confirmed diagnosis? Was there an au'opsy?.			
15. MAIDEN NAME Amy Skinner 16. BIRTHPLACE (city or town) Baltimore (State or country) Md.			23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?			
17. INFORMANT Henry (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Earleigh He	Earleigh	Heights t. 12,19.34	Manner of injury			
19. UNDERTAKER Robert P (Address) Earle 20. FILED Oct //19 34	indell eigh Heigh Z. a.	its & Co	24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) (Address)	M. D.		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND-CERTIFICATE OF DEATH

County	a	une a	hund	el		Registration Dist. No.	20
			huan		Ata		War
Village	or City	Jan	man	(1)	death occurred in a horpital or institut	ion, give its NAME instead of street	and number)
Langth o	f residenca in cit	y or town whare d	eath occurred	yrsmos	ds. How long in U.S. if of	foreign birth?yrs	mosd
2. FULL	NAME	Ida	Rebecca	wille	ams) Parker		
(a) Res	sidence: No.	1	this	n i hid.	St., Ward,		
(4) 1100			(Usual place	of abode)		If nonresident give city or town	and State
PERS	ONAL AN	D STATISTI	CAL PARTI	CULARS	MEDICAL CE	ERTIFICATE OF DEAT	Н
3. SEX	4. COLO	R OR RACE		RIED, WIDOWED, D, (write the word)	21. DATE OF DEATH	Cort 10	.,
fenra	le r	ugu		ngle	***************************************	(Month) (Oay)	(Year)
5a. If married, v	vidowed, or divo	rced V		7			
(or) WIFE					7 - 7	CERTIFY, That I attai	101
		1	/		I last saw h W aliva on	Ceck 17, 19	34. 4. 4. 19.3.4
6. DATE OF BII	RTH (month, day Yaars	, and year) Months	l loavs	If LESS than	to have occurred on the date state		; death is sai
7. AGE	19912	3	S	1 day,hrs.	N .	H and related causes of importance	
			1 0	ormin.	were as follows:		Date of onse
8. Trade, kind	profession, or pa d of work done, : VYER, BOOKKEE	articular as SPINNER, PER, etc	nne-		ucias	20	
NOTE A SAN SAN SAN SAN SAN SAN SAN SAN SAN S	y or business In k was done, as S V MILL, BANK, a	which ILK MILL, Itc	••••				
	eceased last wor occupation (mor r)	nth and	sp2	ima (years) nt in this upation			
	E (city or town).	wee	to River	, hel	Other Contributory Causes of impo		
	r country)	do	then.	•	acute Ile	otolitis	
13. NAME 14. BIRTHE	1	seple	and	come			
4 14. BIRTHE	LACE (city or to	wn)	· a . 0	ocenty.	Name of operation	Date	of
(30	ate or country)		<i>m</i>		What test confirmed diagnosis?	Was there	e an autopsy?
15. MAIOEI	N NAME	Irene	. Pay	en	23. If death was due to external cau	ses (VIOLENCE) fill in also the foll	owing:
6 16. BIRTHE	LACE (city or to	wn)a	. a. U	unly-	Accident, suicide, or homicide?	Date of injury	, 19
≥ (St	ate or country)	1			Where did injury occur?	(Specify city or town, county an	d State)
17. INFORMANT		fallen			Specify whether injury occurred in	INDUSTRY, In HOME, or in PUBLI	C PLACE.
18. BURIAL, CR	EMATION, OR R	Has Cen	7 (ret19 34	Manner of injury		
Place_	James 1	nar ceu	Moss	19			
19. UNOERTAK	/	ph of	Ellian	us	24. Was disease or injury In any w	ay related to occupation of decease	d?
(Muules	710	4.1	480/4	and to	(Signed) Ehra	h H. Wilson	М.
20. FILEO	C1 /8,	19 7	1.16.00	Registrar.	(Address)	Lothes	ml

V. S. No. 1

stated EXACTLY. PHYSICIANS should state

UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

mation should be carefully supplied. AGE should be

-WRITE PLAINLY, WITH

N. B.

ARGIN RESERVED FOR BINDING

Exact statement of OCCUPA-

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

_	
-	
No.	
2/2	

1.	. PLACE OF DEATH	
	County a.a.	Registration Dist. No. 21
	Village or City anapoleto me	No. English St., Ward
	Length of residence in city or town where death occurredyrs,mos	death occurred in Aprital or institution, give its NAME instead of street and number) A dos How long in U.S. if of foreign birth?
2	FULL NAME Willer Fo Pet	Le plaide O.
2		THE CORPORATE LIMITS OF
	(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. S	4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Ochus 6 , 193 4 (Month) (Day) (Year)
5a.	If married, widowed, or divorced HUSBAND of	
	(or) WIFE of annie le Petherberge	22. I HEREBY CERTIFY, That I attended deceased from
e 17	DATE OF BIRTH (month, day, and year) Sept 5- 1852	I last eawh sa alive on Och Lu 5 1934; death is sai
7. A		to have occurred on the date stated above, at 2 m.
1	82 / Iday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
_		were as follows: Date of one 9 (201)
PATION	8. Trade, profession, or particular kind of work done, as SPINNER, Famely SAWYER, BOOKKEEPER, etc.	,
CUPA	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
ö	1D. Date deceased last worked at this occupation (month and year)	
12.	BIRTHPLACE (city or town) Bristol me	Dther Contributory Causes of Importance:
1	(State or country)	gland relevition
HER	13. NAME De John & Pelherbridge	
FATE	14. BIRTHPLACE (city or town)	Name of operation sufer Takep Fortalecting 9/17/
	(State or country) Manyland	What test confirmed dagnosis? Was there an autopsy?
HER	15. MAIDEN NAME fame Wese	23. If death was due to external causes (VIOLENCE) fill in also the following:
MO TO	16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide? Date of injury, 19
2	(State or country) May	Where did injury occur?(Specify city or town, county and State)
	(Address) Freedoly may let	Specify whether Injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.
18.	BURIAL, CREMATION, OF REMOVAL	Manner of injury
	Place II Date GSI	Nature of injury
_	12 of 2/ splanes	24. Was disease or injury In any way related to occupation of deceased?
19.	(Address) Come appear of the Company	If so, specify
		If so, specify Walton H Haylang M.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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should state

OCCUPA.

12. BIRTHPLACE (city or town) (Stata or country)

15. MAIDEN NAME

17. INFORMANT (Address)

19. UNDERTAKER

20. FILED ...

(Address)

14. BIRTHPLACE (city or town)

(State or country)

16. BIRTHPLACE (city or town)

18. BURIAL, CREMATION, OR REMOVAL

3

(Stata or country)

FATHER

MOTHER

LION

V. S. No. 1

m,

ż

STATE OF MARYLAND—	CERTIFICATE OF DEATH 09917
1. PLACE OF DEATH	(2)
County anne anndel	Registration Dist. No.
Village or City Isacy Danding	No. St., Ward f death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredmos	
2. FULL NAME William Ennest Phips	to the second se
(a) Residence: No. Tracys Landing	St., Ward.
/ (Usual place of abode) / PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH A
Male white OR DIVORCED (write the word)	(Month) (Day) (Year)
58. If married, widowed, or divorced HUSBAND of (or) WIFE of Hazel Lucille Phipps	22. I HEREBY CERTIFY. That I attended daceased from
6. DATE OF BIRTH (month, day, and year) Feb 3, 1877	1934, to 00 1934; deeth is said
7. AGE Years Months Days If LESS then	to have occurred on the date stated above, at 5 12 m.
5'7 8 1) 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were es follows:
Trada, profession, or particular kind of work dona, as SPINNER, Harrie SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was dona as SIIK MIII	defarmedisease may
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc	1932
SAW MILL, BANK, etc	1 934

Other Contributory Causes of Importanca: Name of operation What test confirmed diagnosis? Was thera an eutopsy?_PM

23. If death was due to external causes (VIOLENCE) fill in elso tha following: Accident, suicide, or homicide? Data of injury________19 Where did injury occur?_____

(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of Injury.

(Signed)

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Address)

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Des Greet Registrar.

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Cercbral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BOSEAU V. B.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

	4	te	٠		1
VI)	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	1	
71)	tem	shou	of 0		V
	rery i	ANS	nent (
	D. E	SICI	taten		
	ECOR	PHY	acts		-
	T RI	LY.	. Ex		
ING	ANEN	CTI	sified		1
SINI	ERM	EXA	r clas	e.	-
ARGIN RESERVED FOR BINDING	AP	ted	operly	TION is very important. See instructions on back of certificate.	TO THE TOTAL PARTITION IN THE TOTAL PARTITION IN THE TOTAL PARTITION IN THE TOTAL PARTITION IN THE PARTITION
F(SI S	e sta	e pro	f cer	140
VEI	THI-	ld bi	ay b	ck o	DATE
SER	NK	shor	it m	on ba	1000
RE	DN	AGE	that	ions	
NUS	FADI	ied.	ns, sc	struct	
AR	ND	lddns	n terr	ee in	WOLTAGE CONTRACTOR OF THE PARTY
	VITH	fully	ı plai	it. S	1 02
	LY, 1	care	TH in	porta	MOTE
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	VRIT	tion	ISON	ON	-
V. S. No. 1	BV	m	Ü	T	1
, ,	ż	1	9	7	1

	S 1. PLACE OF DEAT		JF MAR	YLAND—		9918
	County Anne A	mundel.			Registration Dist. No. 24	
	Village or City_Ann		Maryland.	(1)	No. 1 Taney Ave. St., 3 f death occurred in a hospital or institution, give its NAME instead of street and	Ward
	Length of residence in cit	y or town where	deeth occurred	yrs,mos	ds. How long in U.S. if of foreign birth?yrs	mosds.
1:	2. FULL NAME A	nna Dee	Potter.		English to the second s	
	(a) Residence: No	l Taney	Ave. (Usual place	of abode)	St., 3 Ward. If nonresident give city or lown a	nd State
	PERSONAL ANI	D STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3.	Female Whit	e or race	5. SINGLE, MAR OR DIVORCE Single	RIED, WIDOWED. D (write the word)	21. DATE OF DEATH13. October (Month) (Oay)	, 193_4(Year)
5a	. If married, widowed, or divor HUSBAND of (or) WIFE of	ced			22. I HEREBY CERTIFY, Thet I attende	d deceesed from
6.	DATE OF BIRTH (month, day				8 September 1934.9 to 13 October 1934.19 lest saw h er alive on 13 October 1934.19	:; daath is seld
7.	AGE Years 79	Months 7	Oays	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at _8 • 45 p_m. The PRINCIPAL CAUSE OF OEATH and releted causes of importance were as follows:	1
LION	8. Trede, profession, or particular kind of work done, as SPINNER, None. SAWYER, BOOKKEEPER, atc.				Coronary Thrombosis.	Data of onset
OCCUPATION	9. Industry or business In work was done, as S SAW MILL, BANK, at	ILK MILL, tc				
00	10. Dete dacaased lest work this occupetion (mon year)	th and	II. Totel t	ime (yeers) nt in this upation		
12	BIRTHPLACE (city or town) (State or country)	Atlanta	, Ga.		Othar Contributory Causes of Importence: Senility Chronic myocarditis	
ER	13. NAME Waymon	S. Potte	r.		Jan	
FATHER	14. BIRTHPLACE (city or tow (State or country)	w n)G	eorgia.		Name of operation Physical Oate of What tast confirmed diagnosis? Examination • Was there are	
田田	15. MAIOEN NAME Ma	ry Betti	ton.		23. If death wes due to axtarnal causes (VIOLENCE) fill in also the follow	
MOTHER	16. BIRTHPLACE (city or tow (State or country)	vn) Geor	gia.	,	Accident, suicida, or homicide? Oete of injury Where did injury occur?	4
17.	INFORMANT Mary (Address) 1 Tane	Satterfi y Ave.,A	eld. nnapolis	Md.	(Specify city or town, county and St Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC P	ate) LACE,
18.	BURIAL, CREMATION, OR RE Place Annapolis		0ata 15 Oc	tober 1934	Menner of Injury	
19.	UNOERTAKER John (Address) Annap	M. Taylolis, Md	or,		24. Was disaasa or Injury in any way ralated to occupation of dacaased?	
20,	FILED . U 15 ,1	34	SMI	Registrat.	(Signed) L. Iowine, (Addrass) U.S. Naval Academy,	M. D.
		If more	blanks are needed, a	ddress State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of dcath and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BOSCIAU V. B			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

should state of OCCUPA-

09919 STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	95-6
County a.a.	Registration Dist. No. 20
	NoSt., Ward feath occurred in a hospital or institution, give its NAME instead of street and number)
Length ot residence in city or town where death occurredyrsmos	sds. How long in U.S. if of torelgn birth?yrsmosds
(a) Residence: No.2631 Parassylvania m. 13-LB	Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (raprice the word)	(Month) (Day) (Year)
5a. It married, widowed, or divorced HUSBAND of Elizabeth Prese	22. I HEREBY CERTIFY, That I attended deceased from 19
6. DATE OF BIRTH (month, day, and year) Feb 20 - 1859	I last saw h alive on 19 : death is sain
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
75 8 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as tollows:
8 Frade protession or particular	Date ot onset
9. Industry or business In which work was done, as SILK MILL. Eagle by any co	
10. Date deceased last worked at this occupation month and year)	- Company of the comp
12. BIRTHPLACE (city or town) a a . e . swa	Other Contributory Causes of importance:
	Celevoror
13. NAME J Polest Prese 14. BIRTHPLACE (city or town). (State or country) a. a. c. see	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME mary Sullow	23. It death was due to external causes (VIOLENCE) fill In also the tollowing:
15. MAIDEN NAME mary Suttone 16. BIRTHPLACE (city or town) (State or country) Q Q Q G	Accident, suicide, or homicide?, 19, 19, Where did injury occur?, 19
17. INFORMANT Mus Chaster R 2000 (Address) Birchwille maryland	(Specify city or town, county and State) Specity whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Daniels and Date Oct 23, 19 X	Manner of injury
19. UNDERTAKER B. L. Hopforns, (Address) Change Charles Company	24. Was disease or injury in any way related to occupation of deceased?
20. FILED / U. 28 , 1934 & MMSS	(Signed) Thomas of Can

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Regnesses

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927		1 week ago
17 1807			o days ayo
Other contributory causes of importance;		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			14-4,5

-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-AGE should be stated EXACTLY. PHYSICIANS should state. CAUSE OF DEATH in plain terms, so that it may be properly classified. ARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. mation should be carefully supplied.

V. S. No. 1 B

1. PLACE OF DE	ATH			(131)			
CountyAr	me Arund	lel		Registration Dist. No. 21			
Village or City(Trownsyi]	lle Stat	e Hospit	St.,	War		
Length of residence In	city or town where	death occurred	(i yrs,Zmo:	f death occurred in a hospital or institution, give its NAME instead of street and ss. How long in U.S. if of foreign birth?rrs	number)		
2. FULL NAME	David F	Redmond					
			inter delar	us Starma/ Ward.			
(a) Residence: No				If nonresident give city or town and	d State		
PERSONAL A		1		MEDICAL CERTIFICATE OF DEATH			
	LOR OR RACE		RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH October 21 (Month) (Day)	, 193 4		
5a. If married, widowed, or d HUSBAND of	ivorced				(Year)		
	ry Redmo	nd		22. I HEREBY CERTIFY, That I ettended	deceased from		
6. DATE OF BIRTH (month,	day and year)	.851		July 17, 1934 to Oct. 21, 1934	, 194		
7. AGE Years	Months	Days	If LESS than	to have occurred on the date stated above, at 3:45 Pm. M.	÷; death is sai		
83	Unkno	nym	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	4011		
8. Trede, profession, or kind of work don SAWYER, BOOKK			1 01	Arteriosclerosis	Date of onse		
SAWYER, BOOKK)					
9. Industry or business work was done, a SAW MILL, BANI	SILK MILL.						
kind of work dor SAWYER, BOOK 9. Industry or business work was done, a SAW MILL, BAN1 10. Date deceased last v	vorked at	11. Total	time (years) ent in this pupation				
year)		000	upation	Other Contributory Causes of Importance:			
12. BIRTHPLACE (city or tow	n) Maryla	nd		Chronic Myocanditis	2		
(State or country)				- Chronic Nephritis ?			
13. NAME	Unknown			Senility	?		
13. NAME 14. BIRTHPLACE (city or (State or country		nown		Neme of operation Date of Date of What test confirmed diagnosis? Was there an autopsy?			
15. MAIDEN NAME	Unknow	n					
15. MAIDEN NAME 16. BIRTHPLACE (city or				23. If death was due to external causes (VIOLENCE) fill in also the following Accident, suicide, or homicide?			
E (State or country)			Where did injury occur?			
7. INFORMANT HO	spital R	ecords		(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	e) ACF.		
(Address) Chow	nsville.	Maryla	nd				
B. BURIAL, CREMATION, OR	1. 1/2-	2 /	1984	Manner of Injury			
Place	(6)	Date	19.7.21	Nature of injury			
19. UNDERTAKER) // Of	wood	er	24. Was disease or injury in any way related to occupation of deceased?			
(Address)	The same	0400	10	If so, specify			
20. FILED 10 2 2	, 19.54	ANN	2/2	(Single Manual Council)	M, E		
	If many	blanks are most of	Ristrar.	Address Crown Syille, Liery Land 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.			

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BIIDEAU Y S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN	ĺ
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	A CONTRACT OF THE PARTY OF THE
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STATE OF MARYLAND—CERTIFICATE OF DEATH 09

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U	J	J	1	1

1. PLACI	E OF DEAT	ГН			(160-2)			
County	Anne	Arunde	el		00	Registration C	Dist. No. 23	[
Village	or City	hnsont	own		Nodeath occurred in a horpital or institu	tion give its NAME	instead of street and	Ward
Length	of residence in ci	ty or town where	death occurred	yrs,mos	ds. How long in U. S. if o	f loreign birth?	yrs	mosds.
2. FULL	NAME P	hylis F	R. Richa	rds	(Julea)			
(a) Re	sidence: No	Johns	sontown (Usual place	of shods)	St.,(Ward.	If nonresident s	give cily or lown an	nd State
PERS	SONAL AN	D STATIST	ICAL PARTI		MEDICAL C	ERTIFICATE		
3. SEX		R OR RACE	5. SINGLE, MAR OR DIVORCE	RIFD, WIDOWED, D (write tha word)	21. DATE OF DEATH		I5th	., 193_4
femal	widowed, or divo	egro	1			(Month)	(Day)	(Year)
HUSBAND (or) WIFE	01				22. I HEREBY			
6. DATE OF BI	IRTH (month, day	y, and year) S	ept. I5	th 1934				
7. AGE	Years	Months	Days	I1 LESS than 1 day,hrs.	to have occurred on the date state			
1	-	I	-	ormin,	The PRINCIPAL CAUSE OF DEAT were as follows: Birth trauma			Date of onset
8. Freda,	profession, or paid of work dona, wyer rockers	as SPINNER.				rhage)	ble intr	Sept. I5
9. Indust	ry or business in	which						
SA 10. Date of	rk wes done, as S W MILL, BANK, o leceased last wor		1	ime (years)				
	s occupation (mo	nth and	sp3	nt in this upation				
12. BIRTHPLA	CE (city or town)	A. A.	Co.		Other Contributory Causes of impo			
(State	or country))rd					
13. NAME	Hagn	ie Brov	vn					
	PLACE (city or to	own)A	A. Co.		Name of operation		Date of.	
	tate or country)			I.d.	What test confirmed diagnosis?		Was there ar	au'opsy?
I -			Richards		23. II daeth was due to external cer	uses (VIOLENCE) fill	in also tha lollowi	ng:
	PLACE (city or to	own)	alvert		Accident, suicide, or homicide? Where did injury occur?		Dete of injury	, 19
17 17	R)	lanche	Richards	Md.	Specify whether injury occurred i	(Specify city or	town, county and St	tale)
17. INFORMAN (Addre		Pasad						
	REMATION, OR I			. =0	Menner of injury			
Place_	Magoth	У	DateQ_C	t. I6,19. 34	Nature of injury			
19. UNDERTAK (Addre	(ERss)	Andrewa	Saderia	0	24. Was disease or injury In any w	vay ralated to occupa	tion of deceased?	Le france
20. FILED	Oct. 11	19.34	2.9.	of leso	(Signed)	5	e de un	2ul
				Registrar.	(Address)	ague		

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MURELU N. A.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1		

V. S. No. 1

CTATE OF MADVIAND CEDTIFICATE OF DEATH

1. PLACE OF DEATH	CERTIFICATE OF DEATH
County Poseclence a 1 Ex.	Registration Dist. No. 23
Village or City (I	No. War Susallward Coad St., War f death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmo	sds. How long in U.S. if of foreign birth?yrsmosd
2. FULL NAME David M. Sande	rl
(a) Residence: No. "It Smollwood Road Par (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR QR RACE OR DIVORCED (write the word) CUGLE	21. DATE OF DEATH Oct. 20' , 193 4- (Month) (Day) (Year)
ia. If merried, widowed, or divorced HUSBAND of (or) WIFE of Soflier a. Souders	22. HEREBY CERTIFY, That Lattended degreed from 20,1934, to 1934
DATE OF BIRTH (month, day, and year) aug. 6 1863	I last saw h Lawalive on Act 20 , 1934; death is sa
AGE Yeers Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at
0 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were estollows:
8. Trade, profession, or particuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	
9 Industry or business in which	
kind of work done, as SPINNER, SAWYER, BDOKKEPER, etc. 9-Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, etc. 10-Date deceased last worked at his occupation (month and	Mylia D Ide
Spant III (III)	(E)
year) occupation	Other Coutributory Causes of importance:
2. BIRTHPLACE (city or town) Grafuel ML:	<u> </u>
(State or country)	
13. NAME 14. BIRTHPLACE (city or town) (State or country)	
14. BIRTHPLACE (city or town)	Name of operation Date of
(0.000)	What test confirmed diagnosis? Was there an au'opsy?
	23. If death wes due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
108	Where did injury occur? (Specify city or town, county and State)
7. INFORMANT 1. (Address)	Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	Manager of the state of the sta
Place Bachmans Earn Date Oct 25, 1934	Manner of injury
9. UNDERTAKER Zelly + Briley Super (Address) 403 JS O Moge St.	Nature of injury 24. Was disease or injury in any way related to occupation of deceased?
20. FILED OCT 234 1934 MAN Registrar.	(Signed) Thu Mugant M.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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	Example II		
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1921	Run over by street car	1 week ago	
July 5, 1927	Peritonitis	3 days ago	
		1	
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July 5, 1927	of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:	

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Other contributory causes of importance:		Other contributory causes of importance:	9
Gallstones	May 1,1923	Gastroenteritis	1 year
			3

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STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH			92-0	
County Anne Arundel			Pagistration Diet No.	23 rd
Village or City Curtis Bay			Pennington ave. &	
Longh of walter to	. /٦	(1)	No. Curtis Creek Bridge St., f death occurred in a hospital or institution, give its NAME instead of street and	d number)
		Qyrsmos	ds. How long in U. S. if of foreign birth?yrsyrs	mosds.
2. FULL NAME Clarence				
(a) Residence: No. Penningt	On Ave			
PERSONAL AND STATISTIC			If nonresident give city or town or MEDICAL CERTIFICATE OF DEATH	nd State
2 CPV		RIED, WIDOWED,	21. DATE OF DEATH	
Male White		D (write the word)	Oct. 21,	193 4.
5a. If married, widowed, or divorced HUSBAND of	Mart	Tea	(Month) (Day)	(Year)
(or) WIFE of Sophia	K. Smi	th	22. HEREBY CERTIFY, That I attended	d deceased from
	. 29.1		0 CD 70 ,1934, to Oct 71	19.34
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	Oays	If LESS than	42-1	-; death is said
54 6	22	1 day,hrs.	to have occurred on the date stated above, at	
8. Trade, profession, or particular		! ormin.	were as follows:	Data ot onset
SAWYER, BOOKKEEPER, etc	rocer		acute Ingocarditis	60%
9. Industry or business in which work was done, as SILK MILL,			The state of the s	19
SAW MILL, BANK, etc	11 Total ti	me (vesse)	-0	1634
this occupation (month and year)	11. Total ti sper	it in this		7
12. BIRTHPLACE (city or town) Baltin			Other Coutributory Causes of importance:	
(State or country)	, M	d.	7. + 6 + +	
13. NAME Augustus Smit	h		Show De Continues.	Inte
13. NAME Augustus Smit	more,		Name of operation Date of	
(State or country)	M	d.	What test confirmed diagnosis? Was there an	
15. MAIOEN NAME Unknown 16. BIRTHPLACE (city or town)			23. If death was due to external causes (VIOLENCE) fill in also the followin	
[16. BIRTHPLACE (city or town)			Accident, suicide, or homicide? Date of injury	
(State or country) Unk	nown		Where did injury occur?	
17. INFORMANT Mrs. Sophia K. S	Smith (Wife)	(Specify city or lown, county and Sta Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PL	ie) .ACE.
(Address) Pennington Ave	&Curt	is Crk.B		
Place London Park Date Oct 25 1934		Manner of Injury		
10002			Nature of injury	
19. UNOERTAKER John & Denny (Address) 715 A		24. Was disease or injury in any way related to occupation of deceased?	NO	
10/24 34 Mg	Deni	100	(Signed) 20m He of	
20. FILEO	Dep	Registrar.	(Address) 48165 Permington	M. D.
If more blas	iks are needed, ad	ldress State Registrar, 2	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

N. B.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, ctc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones .	May 1,1923	Gastroenteritis	1 year	

FOR BINDING

ARGIN RESERVED

V. S. No. 1

1. PLACE OF DEATH			93.50	
County Crue armidel		Registration Dist. No.		
Village or City Crown	is ville St	ate Hos		Ward
Langth of residanca in city or town	whara daath occurrad		ds. How long In U.S. if of foreign birth?yrsmos	ds.
2. FULL NAME JOLA	u Smi	the		
(a) Residence: No. 133	9 Wystle (Usual place	We_	St., Ward. Baltinion Ild	
PERSONAL AND STA	TISTICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RAC	OR DIVORCE	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH Oct 28 193 4	<
5a. If marriad, widowed, or divorcad	000	asired.	(Month) (Day) (Ye	ar)
HUSBAND of Cor) WIFE of Church	morere		22. I HEREBY CERTIFY, That I attanded deceased oct 18 1934, to Oct 28 19	from
6. DATE OF BIRTH (month, day, and year)	, about	1864	I last saw h www alive on OCT 27 , 1934 death	is said
7. AGE Years Mon		If LESS than	to have occurred on the data stated above, at 220 A-m.	
70	5 5	l day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and ralated causas of Importance were as follows:	f and a A
Irada, profession, or particular kind of work dona, as SPINNI	ER, Lato	2 4 -	1	
SAWYER, BOOKKEEPER etc.	5400	cer_	Cloute Cardiac Delitation Un	uk
work was dona, as SILK MILL SAW MILL, BANK, atc.				
10. Data dacaasad last worked at this occupation (month and	11. Total ti sper	me (yaars)		
year)	Occu	pation	Other Cantributory Causes of Importance:	
12. BIRTHPLACE (city or town) (Stata or country)	allinger		arteris Achiroses	
	· sud	•	Caronic Ulyscarditis Us	uk.
13. NAME CCST	Smille			
14. BIRTHPLACE (city or town)	Ta		Name ol operation Date of	
			What test confirmed diagnosis? Was there an autopsy?	
I	Muour		23. If death was due to external causes (VIOLENCE) fill in also the lollowing:	
16. BIRTHPLACE (city or town)			Accident, suicide, or homicide? Date of injury, 19.	
Pa 1 (0		21-4-7/	Whara did injury occur? (Specify city or town, county and State)	
17. INFORMANT CONCER (Addrass)	ourisvelle &	valle Hos	Specily whathar Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	oury me	1	Name of the second seco	
Piace Mt. Ceubur	Date Oct	3/ 1924	Mannar of Injury	
Billinge	Je 30	00.	Nature of injury	
19. UNDERTAKER (Addrass)	20.00	2000	24. Was disaase or injury in any way related to compation of deceased?	
S	2	repar-	(Signeta) (Signeta)	
20. FILED/0/28-/3/19	Toque	OL, Registrar.	(Address)	_M. D.
I.	f more blanks are needed, a	ddress State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
WINDEXTI V A				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

PHYSICIANS should state

of OCCUPA-

1. PLACE OF DEATH	82-0
County (In re Urundel	Registration Dist. No. 21
	spelace St., Ward
	If death occurred in a horpital or institution, give its NAME instead of street and number) osds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Mary A mit	
(a) Residence: No. (liconice) (our	St. Ward. Hebron Ma
(Usual place of shode)	St., Ward. /#WWW YVW If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
2. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Len ale 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	1 HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 1907	I last saw h lu alive on Oct 1 193 4 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date statad above, at 4 A 1m.
27 Unknown or min,	many has believed. On the part is and selated canses of importance
8. Trade, profassion, or particular kind of work dona, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	etelral (femousye Date of onset
9. Industry or business In which	
work was done, as SILK MILL, SAW MILL, BANK, etc. 11. Total time (years)	
O 10. Date deceased last worked at this occupation (month and yaar)	
Merle	Dthar Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	The state of the s
™ 13. NAME	
14. BIRTHPLACE (city or town) Unk wown	Name of operation
(State of country)	What test confirmed diagnosis? Was there an aulopsy?
15. MAIDEN NAME	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country)	Where did Injury occur?
17. INFORMANT to file leads (Address) Commercial, M.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Placa 1 W Called W. Date 12, 195	Nature of Injury
19. UNDERTAKER MARCHAS, Messich & Sausa (Addiess) Biralie March	24. Was diseasa or injury in any way ralated to occupation of defeased? If so, specify
20. FILEO 10 /2 , 19 54 Mush 12. Registrar.	(Signed) (Address) roung will his
Il more blanks are needed, address State Registrar	, 2411 N. Charles Street, Balsimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND—	CERTIFICATE OF DEATH 09927
1. PLACE OF DEATH	(186-0)
County Churce andle	Registration Dist. No. 2
Village or City Churchthy	No. Comer sensy Hospit St. Z Ward
	death occurred in a horpital or institution, give its NAME instead of street and number)
(1) 11 91 00	ds. How long in U.S. if of oreign birth?yrsmosds.
2. FULL NAME CAVILLA WELLS.	HOMELS. WITHIN COMME
(a) Residence: No. 188 Sloveette (Usual place of abode)	St., Z Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
7. SEX 4. COLOR OR RACE Fernale White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (purite the word)	21. DATE OF DEATH Oct 9
5a. If merried, widowed, or dispreed	(Month) (Day) (Year)
HUSBAND of Robert Aonmes.	22. HEREBY CERTIFY, That I attended deceased from
June 4th 1050	l last saw h elive on Oct 9 19 3 4 death is said
6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Days If LESS than	I last saw h elive on 193 ; death is said to have occurred on the date stated above, at 6 55 mm.
7/ LL 5 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as follows: Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Aypo State Muney 100
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	015
SAW MILL, BANK, etc	Cr. My acartho hura
this occupation (month and spent in this year) occupation	also, attacker of angion partorisioner you
12. BIRTHPLACE (city or town) Churcholi 2nd	Other Contributory Causes of importance:
(State or country)	Torreturn / lett "
13. NAME James Wells	Lil laint Shilled for rug, & 1934
13. NAME Comes Wells 14. BIRTHPLACE (city or town) Company 2014.	Name of operation Belle Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Mary Calinabeth Mitchel 16. BIRTHPLACE (city or town) Calinabeth Mitchel	23. If deeth was due to external ceuses (VIOLENCE) fill In also the following:
5 16. BIRTHPLACE (city or town) Catropoli nd	Accident, suicide, or homicide? Accordent . Date of injury
(State or country)	Where did injury occur? Anarapola Inna Truesdel County moda. (Specify city or town, county and State)
17. INFORMAN Charles A. Laylor Mil.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury Slippad or rug 2 and Belle
Place ligrapoles Date (21:11, 1934	Nature of Injury Fracture of left Ris- Tourt
19. UNDERTAKER John 24. Vay lov.	24. Wes disease or injury in any way related to occupation of eccased?
(Address) Chucholis 200 9)	If so, specify
20. FILED 10 1/ 19 34 M M Registrar.	(Signed) Www luras W.D.
	1411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

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19. UNOERTAKER

(Address)

1. PLACE OF DEATH County Clime arunded Village or City Furname Branch Length of residence in city or town where death occurred yrs. 6 mos. 2. FULL NAME Follow Stammer (a) Residence: No. Furname Road (Usual piace of abode)	Registration Dist. No. No. No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U. S. if of foreign birth? yrs mos ds. Why ply ward. Why ply
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED ("write the word) Married Married	21. DATE OF DEATH / O ZO 193 4 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) HIFTOI CONFIDENCE OF STATE OF BIRTH (month, day, and year) 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day, hrs. or min. 8. Trade, profession, or particular kind of work done, as SPINNER Custure of SAWYER, BOOKKEPER, etc. 1. Industry or business In which work was done, as SILK MILL. SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and Oct 18/34) 11. Total time (years) spant in this occupation.	1 HEREBY CERTIFY, That I attended deceased from 1934, to 004, 1934, death is said to have occurred on the date stated above, at
12. BIRTIIPLACE (city or town) Fair fulld (State or country) 13. NAME Gottliel Itamure	Brone 20 Menuring Och 17
14. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town)	Name of operation. What test confirmed diagnosis?
15. MAIDEN NAME Coma Miller 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT Milliam Hammer (Address) Fernand Branch M. d.	23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury

Date Oct 23 1934

If so, specify

24. Was disease or injury in any way retated to occupation of deceased?

Nature of injufy.

Registrar. (Address) __ If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	n-constant of	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
5 DR 6 C			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH

Stat	1. PLACE OF DEATH		(£2m)	
OCC	County Cine a	rundel	Registration Dist. No. 21	
.6	Village or City Hear C	mapolio	NoSt.	Ward
0		(If	death occurred in a hospital or institution, give its NAME instead of street and	number)
ent	Length of residence In city or town where	death occurredyrs,mos	4 0 1	nosds.
CIA	2. FULL NAME	vanus De	okes dr.	
YSICIANS	(a) Residence: No.	aunopoli	St., Ward.	
		(Usual place of all ode)	If nonresident give city or town an	d State
PH	PERSONAL AND STATIST		MEDICAL CERTIFICATE OF DEATH	
×	3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED. OR-DIVORCED (write the word)	21. DATE OF DEATH Sel 27	
7	race wine	-Widower	(Month) (Dey)	(Year)
X A C T I	5a. If married, widowed, or divorced HUSBAND of	a Ken	22. I HEREBY CERTIFY. That I attended	d deceased from
A	(or) WIFE of Messes	C. Wlokes	Thore 10 193 7 10 Oct 27	19.3 4
	6. DATE OF BIRTH (month, day, and year)	May 6 4 1856	001-15	death is said
30, 400	7. AGE Years Months	Days If LESS than	to heve occurred on the dete steted above, at	
stated properl certifica	28 5	22 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of Importance	
	8. Trede, profession, or particular	2 44	were es follows:	Date of onset
be of	kind of work done, es SPINNER, O	elued	0 ((.1 / 0	1
ould may back	kind of work done, es SPINNER, SAWYER, BDDKKEEPER, etc		Centeral Uportines	14,93
part .	SAW MILL, BANK, etc.			
C 44 [7]	O this occupation (month and	11. Totel time (years) spent in this		
oplied. AGE erms, so that instructions o	yeer)	occupetion	Other Contributory Causes of Importance:	
so ctic	12. BIRTHPLACE (city or town)	mond Va	TT DO T	Hora
ed.	(Stete or country)	1 1	Arteno Chroses	yng
suppli n term ee ins	13. NAME allen	Nopes		
ally supplied plain terms, See instru	4 14. BIRTHPLACE (city or town)	chnown	Neme of operation Dete of _	
lly olai	(State or country)	-1 3: 1	Whet test confirmed diegnosis? Wes there an	autopsy?
be carefully EATH in pla important.	H 15. MAIDEN NAME // CUISO	ut Vickell	23. If death was due to externel ceuses (VIOLENCE) filt in also the following	ng:
H H orta	O 16. BIRTHPLACE (city or town)	elemond Va.	Accident, suicide, or homlolde? Dete of injury	, 19
AT	(Stete or country)	4	Where did injury occur?	
	17. INFORMANT & ylvani	es Stokes p.	(Specify city or town, county and St. Specify whether Injury occurred In INDUSTRY, In HOME, or in PUBLIC P	LACE.
should OF D	(Address) (Casas	poli rud		
	18. BURIAL, CREMATION, DR REMOVAL	G+ 99 24	Menner of injury	
	Plece La	Date Community 199	Neture of injury	
mation CAUSI TION	19. UNDERTAKER La Leu ZI	Vanler.	24. Wes disease or Injury in end wey releted to occupation of deceased?	
E O	(Address) Consu	apoli all	If so, specify	1
(T)	20, FILED 1027 1974	(Allmb)	(Signed) / Oliver / wree	y. D.
(1)		Kegistrar.	(Address) - A was aparter	m
	If more	blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

V. S. No. 1

-WRITE PLAINLY,

m

UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

FOR BINDING

ARGIN RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(119)
County Anne Friendle	Registration Dist. No. 3
Village or City Salman	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of residence in city or town where deeth occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Anglene 16	aylor
(a) Residence: No. Selfman Mal	est (MWald.
(Usual place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS	21. DATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	(Month) (Oay) (Year)
5a. If married, widowed, or divorced , HUSBANO of	22. J HEREBY CERTIFY, That I attended deceased from
(or) WIFE of Child	2/ July , 1934, to // Oct , 1934
6. DATE OF BIRTH (month, day, and year) 2/ lule 1934	I last saw her alive on 1 Oct , 1927, deeth is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at S. 20 f.m.
2 26 1 day,hrs. ormin.	Tha PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows:
8. Trade, profession, or particular	the first the second second
kind of work done, es SPINNER, CLULA SAWYER, BOOKKEEPER, etc.	envious
9. Industry or business In which work was dona, as SILK MILL, SAW MILL, BANK, etc.	
O 10. Date deceased last worked at 11. Total time (yeers)	
O this occupation (month end spent in this year) occupation	
12. BIRTHPLACE (city or town). Dame	Other Contributory Causes of importance:
(State or country)	y months.
13. NAME Silbert thehbis	
13. NAME Sillert Herbins 14. BIRTHPLACE (city or town) Anne Atum 1 C6	Name of operation Oate of
(State or country) Mysishes M	What test confirmed diagnosis Delivate Washere en autopsy?
15. MAIDEN NAME Frely Tays	23. If death was due to external couses (VIOLENCE) fill in elso tha following:
15. MAIOEN NAME 16. BIRTHPLACE (city or town) 16. State or country)	Accident, suicide, or homicide?
S (State or country) Maryland	Whera did injury occur? (Specify city or town, county and State)
17. INFORMANT Tring Jacob (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Janua 1900 My Dates 3 Ch, 19)	Nature of injury Nonl
19. UNDERTAKER MILLEN Jaylor	24. Was disease or injury in any wey related to occupation of deceased?
(Address) Arman mel	If so, specify Albertal Rossyul 180
20. FILEO 2007, 1927 MARCULON Registrar.	(Signed) Pintheum Regulary
If more blanks are needed, address State Registrar	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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OCCUPA-

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Registrar.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
STORAU V. F.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Rouestag V.S. No.

BINDING

RESERVED

STATE OF MARYLAND—CERTIFICATE OF DEATH

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Example I	- 1	Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. c				
Other contributory causes of importance:	1000	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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1. h	64	6	16	13
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0	~	1	U	U

1	. PLACE	OF DEATH		4	N	34	
	County	Anne Ar	undel	****		Registration Dist. No. 21	
	Village or Length of re	City_GROWN	svill	e Stat	e Hospita (II yrs. 9 mos	St., f death occurred in a hospital or institution, give its NAME instead of street and s. 15. ds. How long in U.S. if of foreign birth? yrsm	Ward number)
2	. FULL N	AME Wi	lliam	Trice			
	(a) Reside	ence: NoBa			y of abode)	St., Ward. If nonresident give city or town and	State
garante a	PERSO	NAL AND ST	ATISTIC	AL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
	sex ale	4. COLOR OR R			RIED, WIDOWED, D (write the word)	21. DATE OF DEATH October 8 (Month) (Day)	, 193.4 (Year)
5a.	If married, wide HUSBAND of (or) WIFE of	owed, or divorced Unk	nown			22. I HEREBY CERTIFY, That I attanded Dec. 23, 1932, to Oct. 8,	dacaasad from
	AGE Y		onths	1874 Days	If LESS than 1 day,hrs.	to have occurred on the data stated above, at 4:25 Pm. M. The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
OCCUPATION	9. Industry of work w SAWYE	fession, or particular f work dona, as SPIN R, BODKKEEPER, etc r businass in which was dona, as SILK MII IILL, BANK, atc		borer known	ormin.	ware as follows: Broncho-Pneumonia	Date of onset 2 Weeks
12.		city or town)Gountry)	eorgi Trice	_ spai	ima (yaars) nt in this of pation	Other Contributory Causes of importanca: Senility and general arteriosclerosis Syphilis	?
FATHER		CE (city or town)	Geor	gia		Name of operation Date of What test confirmed diagnosis? Was there are	
MOTHER 17.		CE (city or town) _ G	ital	a Record	s and	23. If death was due to external causes (VIOL ENCE) fill in also the following Accident, suicide, or homicida? Date of Injury Where did injury occur? (Specify city or town, county and State Specify whathar injury occurred in INDUSTRY, In HOME, or in PUBLIC PL	;:
18.		TION OF REMOVAL		Data 19/	1, 03/19	Mannar of injury	
	UNDERTAKER (Address)	Wate 11/30/	Wy E 7	y Vu	Registrar.	24. Was disaasa or injury in any way related to occupation of daceas or injury in any way related to occupation of daceas or injury in any way related to occupation of daceas or injury in any way related to occupation of daceas or injury in any way related to occupation of daceas or injury in any way related to occupation of daceas or injury in any way related to occupation of daceas or injury in any way related to occupation of daceas or injury in any way related to occupation of daceas or injury in any way related to occupation of daceas or injury in any way related to occupation of daceas or injury in any way related to occupation of daceas or injury in any way related to occupation of daceas or injury in any way related to occupation of daceas or injury in any way related to occupation of daceas or injury in any way related to occupation of daceas or injury in any way related to occupation of daceas or injury in any way related to occupation of daceas or injury in any way related to occupation of daceas or injury in any way related to occupation or injury in any way related to occupation of daceas or injury in any way related to occupation of daceas or injury in any way related to occupation of daceas or injury in any way related to occupation or injury injury in any way related to occupation or injury	9 n. d.

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of emilepsy 1 weck ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Ccrebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. L

County FIME Frankel	STATE OF MARYLAND CERTIFICATE OF DEATH
1 1 :	Registration Dist. No. 2
Village or City Numapolis (No	St.: Ward) a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Set. 10 , 1834 (Month) (Day) (Year)
6 DATE OF BIRTH March 15, 1913. (Month) (Day) (Year)	that I last saw He alive on Oct 10 , 1934.
7 AGE 21 yrs. 6 mos. 25 ds. ormin.?	and that death occurred on the date stated above, at 8.15 P.m. The CAUSE OF DEATH * was as follows:
a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Ruftused fruary bladde de. Courter of Pours
10 NAME OF FATHER TORNEST Williams	Secondary Cours of States Stores of Contributory Secondary Cours of Cours of States of Cours
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER & Grence Collection 13 BIRTHPLACE OF MOTHER (State or Country) St. Mary's Co., Mid	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs ds. Where was disease contracted, 1 december 1 december 1 december 2 december
(Informant) Alfred Meyette	Where was disease contracted, In anne Aruendel County, about three if not at place of death? Anne Aruendel County, about three Former or South of Milloranillo, on the Craim Inglusy, Curant 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) / Faltings, Ma	houdon Park Cem 10/13, 1934
Filed /U/D 192 34 Muslo St.	John Y. Cowan & Son 901 Holling St.
If more branks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The ques-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more precise specification as a laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Stationary froman, etc. But in many Physician, Compositor, Architect, gaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. business, that fact may be indicated thus; Farmer (retired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. For many occupations a single word or term on especially in industrial employments, it is necesor At Home, and children, not gainfully emwithout more precise specification as Day Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ezhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, (name origin; "Cancer" is loss definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mentetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely taken. For violent deaths state means of injuly State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all approved by Committee on Nomenclature of the carbolic acid-probably suicide. The n ture of the injury, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-American Medical Association.) Never report mere symptoms or terminal condicough; Chronic etc. affection need not be valvular heart disease; The contributory

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	1
•	T RECORD. Ev. Y. PHYSICIA Exact stateme	
ARGIN RESERVED FOR BINDING	A PERMANEN tred EXACTL operly classified.	tificate.
ESERVED F	INK—THIS IS E should be strat it may be pro	s on back of cer
ARGIN R	rh UNFADING ly supplied. AG lain terms, so th	See instruction
•	PLAINLY, WI nould be careful JF DEATH in p	TION is very important. See instructions on back of certificate.
-	-WRITE mation sh CAUSE	TION is

STATE OF	MARYLAND-	-CERTIFICATE	OF	DEATH	0993
DEATH					

3	. PLACE O				34
	County	Anne Arund	el		Registration Dist. No. 2/,
	Village or (City <u>Crowns vi</u>	lle Stat e daath occurred	e Hospita (I yrs 1 mos	E. No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number) s. 3 ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2	. FULL NA	ME Ealey	Waller		
				- Westown	If nonresident give city or town and State
		NAL AND STATIS			MEDICAL CERTIFICATE OF DEATH
M	sex Tale	4. COLOR OR RACE Black	5. SINGLE, MAI OR DIVORCE	RRIFD, WIDOWED, ED (write tha word)	21. DATE OF DEATH October 24 (Month) (Day) (Yaar)
5a.	if merriad, widov HUSBAND of (or) WIFE of	wed, or divorced			22. 1 HEREBY CERTIFY. That I attanded deceased from Sept. 21, 1934, to Oct. 24, 1934
6. 1	DATE OF BIRTH	(month, day, and year)	1897		I last saw h _ im _ aliva on _ OCt _ 24 , 19 _ 34; death is seid
_	AGE Ya	ars Months	Deys nown	If LESS than 1 dey,hrs. ormin.	to have occurred on the date stated above, at 12:05 mP . M. The PRINCIPAL CAUSE OF DEATH and related causes of importance
OCCUPATION	S. Trada, profassion, or parlicular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Laborer				Exhaustion due to prolonged Unknown
work was done, as SILK MILL, Unknown 10. Dete decessed lest worked et this occupetion from the part occupation from the			11. Totai spe occ	tima (years) ent in this upation Unit NOV	othar Contributory Causes of importanca:Syphilis- Unknown
ER	13. NAME	Edward	Waller		
FATHER	14. BIRTHPLACE (city or town) Maryland (State or country)				Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
MOTHER 12.	(State or	A A A A A A A A A A A A A A A A A A A	yland	and	23. if daath wes due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
18.	BURIAL CREMAT	TION, OR REMOVAL Kentoson - med.			Mennar of injury
	UNDERTAKER (Addrass)	(Bonka Hestmonett	de Lou). Ø., Registrar,	24. Was disaasa or injury in any way related to occupation of degrated? If so, specify (Signed) M. D. (Address) Crownsyille, Maryland

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
pungati V. B.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FO	R FURTHER	STATEMENTS	BY	PHYSICIAN
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30,1034,

BINDING

FOR

MARGIN RESERVED Every item of

No. 1.

· S.

N. B.

Statement of OCCUPATION

PLACE OF DEATH	STATE OF MARYLAND
County France Arundel	CERTIFICATE OF DEATH
1. 12. 8	Registration Dist. No.
Village or City AMAPOUS (No. (No.	St.: Ward) (If death occurred in a hospital or institu-
2 FULL NAME Lerry (N	each Walkers stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
s sex 1 color or race 5 single, Married, Widowed OR Divorced. (Write the word)	16 DATE OF DEATH OCT, 30 , 1934. (Month) (Day) , 1934.
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the decessed from
(Month) (Day), 1934	that I last saw h / Ma slive on 60% 29 , 1923 4
7 AGE (Month) (Dey) (Year)	and that death occurred on the date stated above, at
a l dayhrs.	The CAUSE OF DEATH & was as follows:
yrsmosds.lormin.?	Paris to the state of
8 OCCUPATION (a) Trade, profession or particular kind of work	(organizal Read disease
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)yre
9 BIRTHPLACE (State or country) Waterbury, Md.	Contributory Secondary (Darajon), yre, moe. de
10 NAME OF Benjamin Heal	(Signed) Sum My Caffy M. D
11 BIRTHPLACE OF FATHER (State or country) A Co, my 12 MAIDEN NAME	*State the Visease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury: and (2) whether Accidental, Suicidai or Homicidal.
of Mother auna Watking "	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
18 BIRTHPLACE OF MOTHER (State or country) A-A, Ca Ind	ients, or Recent Residents) At place In the of death yrs. mos. da. State, yrs. mos. da.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, Waterfrance, Materials
(Informant) Ama Hallins	Former or usual residence Water burly, Md.
: Address) Westerving mil-	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL TOUR 193.
Filed // 19234 AMWAG	20 UNDERTAKER ADDRESS

* more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requestive V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

whatever, write None, tired 6 yrs.). business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Screant, Cook to report specifically the occupations ployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the House maid, etc. If the occupation has been changed laborer, Farm laborer, Laborerer," etc., Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Gracery; additional line is provided for the latter statement; it worked on may form part of the (a) Foreman, (b) Automobile factory. should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various parsaits can be known. The ques cupation is very important, so that the relative health-Statement of Occupation Precise statement of oc For many occupations a single word or term on or At without more precise specification as Day Home, For persons who have no occupation and children, not gainfully em--Coal mine, etc. Womsecond statement. of persons en-The material But in many

Ease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Gerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"): Lobur pneumonia, Bronehopneumonia ("Pneumonia,")

ture of the injury, as fracture of skull, and conse-Nomenclature of the American Medical Association. ment of cause of death approved by Committee on head of "contributory." quenees (e.g., sepsis, tetanus) may be stated under the Poisoned by carbolic acid-probably suicide. The natrain-accident; Revolver wound of head-homicide; Examples: as probably such, if impossible to determine definitely and qualify as Accidental, Suicidal, or Homicidal, or State cause for which surgical operation was under-"PUERPERAL seplicaemia." "PUERPERAL peritonitis," discases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uraemia," "Weakness." etc., when a definite disease rhage," "Inanition," "Marasmus," "Old Age," "Shoek," "Dropsy," "Exhaustion." "Heart symptometic), "Atrophy." "Collapse," "Coma," "Conconditions, such as "Asthenia," "Anaemia" ary), to ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; myes, peritonacum, etc., Carcinona, Sarcona, etc., of vulsious," (nume origin; "Cancer" is less definite; avoid Chronic interstitial nephritis, etc. Whooping cough; Chronic valvular heart discuse; inqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need not be For VIOLENT DEATHS State MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), Accidental drowning; Struck by railway (R commendations on state-Always qualify all failure," "Haemor-The contributory (second-(merely etc.

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

	1PLACE OF DEATH	STATE OF MARYLAND
-	County J. J.	CERTIFICATE OF DEATH
	1 1 1	Registration Dist. No. 25.
1	Village or City LUCIUM Mo.	Ward) (If death occurred in a hospital or institution, give its NAME instead of street and
	2FULL NAME / fling (1.	stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
-	HUUNG WINDOWS WINDS	16 DATE OF DEATH OLLU 5 , 134 (Month) (Day) (Year)
1	6 DATE OF BIRTH (C) 5, 1849	17 I HEREBY CERTIFY, That Lattended the deceased from Sept 30 124 to 04 5 , 124
	7 AGE John Gleaver (Husband) (Year) 1 day hrs. 25 yrs. 0 mos. 0 ds or min.	and that death occurred on the date stated above, at 9 m. The CAUSE OF DEATH * was as follows:
1	B OCCUPATION (a) Trade, profession or particular kind of work	Sendily
1	(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)yrsmosds,
	9 BIRTHPLACE (State or country)	Contributory Secondary (Duration), yrs
	10 NAME OF PATHER ? Batchelor	(Signed) Music 7. Kawans, M.D.
	OF FATHER (State or country)	*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	of MOTHER AMA M. Peucles	& LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
	13 BIRTHPLACE OF MOTHER (State or Country) (State or Country)	At place of death
	14 THE ABOVE IS TRUPTO THE BEST OF MY KNOWLEDGE	if not at place of death?
	(Informant) Floryl W. Wlaves	usual residence
	(Address) Severus part	Tedro Hillewelly Oct 8-, 1934
-	Filed Oct 6 1934 Ida M. Whitson Registrar	Margarel S. Flynn Hrrhight of
-	If more branks are needed, address State Registrar	, 16/W. Selatoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of occupation is very important, so that the relative healther," etc., without more process are laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, the first line will be sufficient, e.g., Farmer or Planter, tion amplies to each and every person, irrespective of gaged in domestic service for wages, as Scruant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, House-work, or At Home, and children, not gainfully em-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement Civil engineer, tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons ployed, as At school, or At home. Care should be taken hou ehold only (not paid Housekeepers who receive a whatever, write None. For many occupations a single word or term on Stationary fireman, etc. But in many Locomotive engineer,

Statement of Cause of Death—Name, first, the DIS-EAS: CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lober pneumonia, Bronchopneumonia ("Pneumonia,")

> causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mendiseases resulting from childbirth or miscarriage as "PUCRPERAL septicaemia," "PUERPERAL peritonitis," etc. "E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senilc," etc.), "Dropsy," "E:haustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, taken. FOR VIOLENT DEATHS State MEANS OF INJULY American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-Never report mere symptoms or terminal condicough; Chronic valvular etc. The contributory affection need Always qualify all heart disease;

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

of OCCUPA.

STATE OF MARYLAND-CERTIFICATE OF DEATH

09935

1	. PLACE OF DEATH				(93-20)	
	County anne	Arund	1		Registration Dist. No. 21	
	Village or City U . S	. Exp	erimenta		n, Nennapolis, Md. St.	Ward
	Length of residence in city or	town where o	eath occurred		death occurred in a hospital or institution, give its NAME instead of street and ds. How long in U.S. If of foreign birth?	
2	. FULL NAME Ma	ry Vi:	reinia W	hite		
	(a) Residence: No. EX			ation	St., Ward. If wonresident give city or town and	d State
	PERSONAL AND	STATIST			MEDICAL CERTIFICATE OF DEATH	Jale
	SEX 4. COLOR OI			(write the word)	21. DATE OF DEATH Oct. 19,	1934
	emale Whi	1,6	marrie	a	(Month) (Day)	(Year)
	HUSBAND of (or) WIFE of Joseph	D. Wh:	ite		22. I HEREBY CERTIFY, That I attended	deceased from
6.	DATE OF BIRTH (month, day, and	t vear) H	annary 2	6. 1880	I last saw h & alive on OA 19 19)	: death is said
_	AGE Years	Months	Days	If LESS than	to have occurred on the date stated above, atm.	
	54	9	23	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
NO	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc				and many	Date of onset
OCCUPATION	9. Industry or business in which				my ful suns	- OCX 10
	work was done, es SILK SAW MILL, BANK, etc				700000	
00	10. Date deceased last worked this occupation (month a			t In this		
_	year)		0030	petion	Other Coutributory Causes of Importance:	
12.	BIRTHPLACE (city or town) (State or country)	Nar	vland			
ER	13. NAME Wesley	Webst	also Lagran de Seu			
FATHER	14. BIRTHPLACE (city or town)_				Name of operation Date of	
-	(State or country)		vland		What test confirmed diagnosis? Was there an	autopsy?_//
HEF	15. MAIDEN NAME Lart	ha You	ing		23. If death was due to external causes (VIOLENCE) fill in also the followin	g:
MOTHER	16. BIRTHPLACE (city or town) (State or country)	Mary	land		Accident, suicide, or homicide? Oate of injury Where did injury occur?	
17.	INFORMANT LE JO (Address) ANA DO		D. White)	(Specify city or town, county and Sta Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PL	ie) .ACE,
18.	BURIAL, CREMATION, OR REMO				Manner of injury	
	Place Dames Qua	rter,	Mode Oct.	21,1994	Nature of Injury	529
19.	UNDERTAKER Leonar	d G.	Webster	*	24. Wes disease or Injury in any way related to occupation of deceased?	M
_	(Address) Deal's	Isla	ad, Md	. 1	If so, specify	0
20.	FILED 192	24	* KMM	Registrar.	(Signed) (Address) Collection	T/ M. O.
		If more	blanks are needed, ac	ddress State Registrar,	2411 N. Charles Street, Balismore, Requesting V. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

ä.	• • • • • • • • • • • • • • • • • • • •	MARYLAND—	CERTIFICATE OF DEATH 0993
1	County Quie C	rundel	Registration Dist. No. 20
	Village or City Heat?	irel mo	ζι No. St., death occurred in a hospital or institution, give its NAME instead of street and number)
	Length of residence in city or town where death o	. /	ds. How long in U.S. if of foreign birth?yrsmos
2	FULL NAME TELM	e soulle	and.
	(a) Residence: No.	(Usualplace of abode)	St., Ward. If nonresident give city or town and State
Company	PERSONAL AND STATISTICAL	PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. S		INGLE, MARRIED, WIDOWED, R-DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Ye
5a.	If married, widowed, or divorced HUSBAND of (or) WIFE of	illiams	22. HEREBY CERTIFY, That I attended decease Cert 9 ,19.34, to Cert 8 ,19
6. I	DATE OF BIRTH (month, day, and year) Man	ch 11, 1907	I last saw h_sax_alive onrot at all,19; death
7. /	AGE Years Months	Days If LESS than I day,hrs.	to have occurred on the date stated above, atm.
	2/16	2 7 or min.	The PRINCIPAL CAUSE OF DEATH end releted causes of importance were as follows:
NOI	8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	w nike	aute myo carditis (?)
OCCUPATION	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		
000	10. Date deceased last worked at this occupation (month end year)	11. Total tima (years) spant in this occupation	
12.	BIRTHPLACE (city or town)	yland.	Other Custributory Causes of importance:
	(State or country)	(0)	- V
HER	13. NAME Maskington	Janer.	
FATH	14. BIRTHPLACE (city or town)	yeared	Name of operation Date of
œ	15. MAIDEN NAME	Wake!	What test confirmed diagnosis?
MOTHER	16. BIRTHPLACE (city or town)	Land	Accident, suicide, or homicide? Date of injury, 19
	INFORMANT COSEPA STE	bleans.	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18.	BURIAL, CREMATION, OR REMOVAL TO CEMP Place Vanuel Har Da	etery out 11th 34	Manner of injury
19.	UNDERTAKER AND CALL	wow and.	24. Wes disease or injury in any way related to occupation of deceased?
	1 - QU 311 118-	8)100 - 1	(Signed) Errily H. Wilson,

(Address)

Registrar.

_____yrs._____mos._____ds.

Y. That I attended deceased from

all 19 death is said

Date of _____ Was there an autopsy?_____

8 19 34

(Year)

Date of oneat

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example I		Example II	
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Arteriosclerosis	ROU 7 1934	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephri	tis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUDEAL YES	July 5,1927	Peritonitis	3 days ago
Other contributory caus	ses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroentcritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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IY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	I'H in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	ortant. See instructions on back of certificate.	

TION is very im

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20. FILED.

V. S. No. 1

E.

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(1.4)
County anne arrendly	Registration Dist. No. 23
a K-AT IA	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME ZULLAN PA STAN	ds. How long in U.S. if of foraign birth?
(a) Residence: No. / 23 E, Claudant S (Usual place of abode)	Y St., Ward. / Qalumbra, Frum, If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Whatself.	21. DATE OF DEATH Ortofy 4 1934 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Zephin	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, end yaar) 1904 - Cyrul 15, 7. AGE Yaars Months Days If LESS than 1 day,	I last saw h aliva on, 19; death is said to have occurred on the date stated above, et m. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, atc. 10. Date decaased last worked at this occupation (month and spant in this	Date of onset Captyxiu from Elluminately Tar. demokst.
12. BIRTHPLACE (city or town) Baltimory (State or country) Tanyland	Othar Contributory Canses of importance:
13. NAME Elvin Crawford 14. BIRTHPLACE (city or town) Balto, md. (Stata or country)	Name of operation
15. MAIDEN NAME Transpart Tetres 16. BIRTHPLACE (city or town) Balto, Mod. (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, sulcide, or homicide?
17. INFORMANT (Address) 2 3 E Comment St. 18. BURIAL, CREMATION OR TEMOVAL Place OF The Organization of the Comment of the Co	Manner of injury Londaly Las. Natura of injury Las Copply Sugar

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

OCO Registrar.

If so, specify

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24. Was disease or injury in any way related to occupation of daceasad?

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home tousework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," ctc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important in tasses or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
100			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year